

HELB MONTHLY REMITTANCE SCHEDULE

(TO BE DULY COMPLETED WITH EVERY CHEQUE/DEPOSIT SLIP/EFT SUBMITTED TO HELB)

*Please email the remittance form to: remittance@helb.co.ke

*Deadline for remittance is 15th of the following month, late remittance will attract 5% penalty per month outstanding.

*No payment shall be accepted without remittance schedule

EMPLOYER	HELB EMPLOYER CODE NUMBER	
	NAME OF EMPLOYER	
	POSTAL ADDRESS & CODE	
	PHYSICAL ADDRESS	
	E-MAIL ADDRESS	
	TELEPHONE NUMBER	
	MOBILE NUMBER	

PAYMENT INFO	PAYROLL MONTH	
	CHEQUE NUMBER/TYPE OF PAYMENT	
	DATE OF PAYMENT/EFT/DEPOSIT	
	HELB RECEIVING BANK	

EMPLOYEES DETAILS				
S/No.	NAMES	ID NUMBER	STAFF NUMBER	AMOUNT
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
	TOTAL			0.00