



**HEAD OFFICE**

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**INSTITUTION REGISTRATION FORM**

Institution Name:

.....

Email Address:

.....

Telephone No:

.....

Box No:

.....

County:

.....

Sub-County:

.....

Contact Person Name & No (Payroll officer/Bursar):

.....

Signature..... Date.....

**FOR OFFICIAL USE ONLY**

Details Captured by..... Branch .....

Approved by ..... Employer No.....

Recruited by .....