



LEVY PAYMENT RETURNS – FORM 2

Payment of levy in respect of the month ending: 20
in accordance with Paragraph 4 (2) of the Industrial (Training Levy) Order

1. Name of Employer:

2. Registration number

3. Postal Address:

4. Total Number of Employees: **KSHS.** **CTS.**

5. (i) Levy for the Month of:

at Kshs 50/= Per Employee per Month

(ii) Plus penalty of 5% as stipulated under section
5B (3) of the Act (If applicable):

TOTAL PAYMENT

I/We:

Declare that the above particulars are true.

Signed (1)..... Designation (1)

(2) (2).....

Date:

Seal/Stamp

Note: This Return Form should be forwarded in triplicate to the Director General, National Industrial Training Authority **P.O. Box 74494 – 00200 NAIROBI** or through **the nearest Regional Industrial Training Levy office**, with each payment of the Industrial Training Levy. Cheques are drawn in favour of **‘THE DIRECTOR GENERAL, NATIONAL INDUSTRIAL TRAINING AUTHORITY**