

FORM: 2

REPUBLIC OF KENYA

**MINISTRY OF LABOUR AND HUMAN RESOURCE DEVELOPMENT
DIRECTORATE OF INDUSTRIAL TRAINING**

**The Industrial Training Act
(Cap.237)**

LEVY PAYMENT RETURN FORM

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

1. Name of Employer.....

2. Registration No.:.....

3. Postal Address:.....

KSHS. CTS.

4. Total No. of Employees.....

5. (i) Levy for the month of.....
at **Kshs. 50/=** per employee.

(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).....

Seal/Stamp.

Note: This return should be forwarded to the Director of Industrial Training,
P.O. Box 74494 - 00200, **NAIROBI** with each payment of the training levy.

