

TEACHERS SERVICE COMMISSION



BANK FORM

SCHOOL & ADDRESS;

_____ PRI SCHOOL
P.O BOX _____

Cell Phone No. 07 _____

**THE SECRETARY
TEACHERS SERVICE COMMISSION
PRIVATE BAG -
NAIROBI.**

Through'

The Principal/Head teacher/County Director/DEO/MEO,

PAYPOINT PARTICULARS

BANK: FOSA KWETU SACCO LTD: BRANCH: MACHAKOS

STREET/ BUILDING: SYOKIMAU / MWALIMU CENTRE

COUNTY: _____ DISTRICT: _____

TSC

8	2
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SPECIFY _____
DEPT _____ [Primary/ Secondary]

TSC/PFNO:

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BANK CODE

9	9
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BRANCH CODE

0	7	0
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ACCOUNT NUMBER:

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CURRENT /SAVING

ACCOUNT

TITLE/NAME: _____ .

[As It Appears On the Bank Statement]

Where some Amount of Money Constitutes an **Overpayment** to Me, I hereby give irrevocable Authority to My **Bank** to Return the same to the **Teachers Service Commission (TSC)** Whether or not, I am in Service with The Commission. This Authority Extends to any **Other Bank or Account** to which the said Money may be transferred. This Request supersedes any Other Request given prior to this Date.

SIGNATURE: _____

National I/D. Card No: _____ **DATE:** _____

Note: Attach a copy of National I/D, Latest Pay slip copy and proof of Bank Account (ATM) Photostat

Be forwarded by the Head teacher of your school / Institution.