

TEACHER SERVICE COMMISSION



SCHOOL NAME: _____

BANK FORM

THE SECRETARY
TEACHERS SERVICE COMMISSION
PRIVATE BAG
NAIROBI

THRO'

THE DEO/MEO/HEADMASTER

PAYPOINT PARTICULARS

BANK _____ BRANCH _____

STREET\ BUILDING _____

TSC PRIMARY /SECONDARY PROVINCE DISTRICT

DEPT SPECIFY _____

TSC/PF
NO: (FILL FROM THE RIGHT)

BANK CODE BRANCH CODE

ACCOUNT NUMBER: CURRENT/
SAVINGS
(FILL FROM THE RIGHT) (AS IT APPEARS IB TGE BANK STATEMENT)

ACCOUNT
TITLE/NAME: _____
(AS IT APPEARS ON THE BANK STATEMENT)

Where same 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 to this date.

Signature: _____

IDENTITY NO: _____ DATE: _____