

TEACHERS SERVICE COMMISSION

BANK FORM

SCHOOL NAME & ADDRESS

.....
.....
.....

DATE:.....

Cell Phone No.....

THE SECRETARY,
TEACHERS SERVICE COMMISSION,
PRIVATE BAG,
NAIROBI

THRO'

DISTRICT HUMAN RESOURCE OFFICER/HEADTEACHER

PAYPOINT PARTICULARS

BANK: WINAS SAVINGS & CREDIT CO-OPERATIVE SOCIETY LIMITED

STREET/ BUILDING: KENYATTA HIGHWAY

TSC PRIMARY/SECONDARY/OTHER INSTITUTIONS COUNTY SUBCOUNTY

DEPT SPECIFY.....

TSC. NO

(FILL FROM THE RIGHT)

BANK CODE 9 9 0 8 6

ACCOUNT NUMBER SAVINGS

(FILL FROM THE RIGHT) (AS IT APPEAR IN THE BANK STATEMENT)

ACCOUNT 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: _____

National I/D. Card. NO:.....DATE.....

Nb: *Attach copies of I/D and proof of Bank Account
Be forwarded by the Head teacher of your school /Institution*