

TEACHERS SERVICE COMMISSION



SCHOOL NAME & ADDRESS:

CELL PHONE NO. _____

BANK FORM

THE SECRETARY
TEACHERS SERVICE COMMISSION
PRIVATE BAG
NAIROBI

THRO'

THE PRINCIPAL/HEADTEACHER/COUNTY/SUB COUNTY DIRECTOR

PAYPOINT PARTICULARS

BANK _____ BRANCH: _____

STREET\BUILDING _____

COUNTY: _____ SUBCOUNTY: _____

TSC/NO:

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BANK CODE:

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 BRANCH CODE:

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ACCOUNT NUMBER:

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(As it appears on the Bank ATM Card)

ACCOUNT NAME: _____

(As it appears on the Bank ATM Card)

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 ID. No.: _____ DATE: _____

*NB: Attach copies of:-Most recent pay slip, National ID card and Proof of Bank Account ownership i.e. Bank ATM card. Your Bank form **MUST** be forwarded (signed and Rubber stamped) by the Head Institution or County/Sub county Director (for school Heads)*