TEACHERS SERVICE COMMISSION

BANK FORMS

(to be filled in quadruplet)

SCHOOL'S NAME.....

.....

.....

THE SECRETARY,
TEACHERS SERVICE COMMISSION,
P.O. PRIVATE BAG,
NAIROBI.

THRO'

THE D.E.O./MEO/HEADTEACHER

PAYPOINT PARTICULARS

BANK _____**BRANCH**_____

STREET/BUILDING_____

PRIMARY/SEC COUNTY DISTRICT

DEPT. | | |

SPECIFY_____

P/NO.TSC NUMBER.
(FILL FROM THE RIGHT) | | | | | | | | | | |

BANK CODE | | | | | |

ACCOUNT NUMBER | | | | | | | | | | | | | | | | | | | | |

(FILL FROM RIGHT) ***(AS IT APPEARS IN THE 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, 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:** _____