



BANK FORM

SCHOOL & ADDRESS

Cell Phone No. _____

THE SECRETARY
TEACHERS SERVICE COMMISSION
PRIVATE BAG
NAIROBI
THRO,
THE HEAD OF INSTITUTIONS/DEO/MEO,

PAYPOINT PARTICULARS

BANK _____ BRANCH _____

STREET/BUILDING _____

PROVINCE/DISTRICT _____

TSC DEPT

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 SPECIFY _____

(Primary/Secondary)

TSC/PFNO

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BANK CODE

9	9
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BRANCH CODE

1	9	4
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FOSA /BANK ACCOUNT NUMBER

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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 ID No:** _____ **Date:** _____

NB: Attach copies of ID and proof of Bank Account

Be forwarded by the Head Teacher of your School/Institution.