

# 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 FOSA TRANS ELITE COUNTY SACCO BRANCH: KAPSABET

STREET\BUILDING SACCO PLAZA

COUNTY: \_\_\_\_\_ SUBCOUNTY: \_\_\_\_\_

TSC/NO: 

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BANK CODE:

8	0
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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)*

**TSC Bank Form 2020**