TEACHERS SERVICE COMMISSION

BANK FORM

SCHOOL & ADDRESS:

_____
_____
_____

Cell Phone No._____

THE SECRETARY
TEACHERS SERVICE COMMISSION
PRIVATE BAG
NAIROBI.

THRO'

THE HEAD OF INSTITUTION/DEO/MEO,

PAYPOINT PARTICULARS

BANK_____ BRANCH_____

STREET/ BUILDING_____

COUNTY _____DISTRICT_____

TSC DEPT | | SPECIFY _____
[Primary/ Secondary]

TSC/PFNO: | | | | | | |

BANK CODE | | BRANCH CODE | | |

ACCOUNT NUMBER: | | | | | | | | | | | | | | |
CURRENT /SAVING

ACCOUNT TITLE/NAME: _____
[As It Appears On the Bank Statement]

*Where any 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 I/D. Card No*: _____ *DATE*: _____**

NB: Attach certified copies of I/D and proof of Bank Account
To be forwarded by the Head teacher/ Principal of your school / Institution.