TEACHER SERVICE COMMISSION



SCHOOL NAME:	

THE SECRETARY
TEACHERS SERVICE COMMISSION
PRIVATE BAG
NAIROBI

THRO'

THE DEO/MEO/HEADMASTER

PAYPOINT PARTICULARS

BANK	BRANCH
STREET\ BUILDING	
TSC	PRIMARY / SECONDARY PROVINCE DISTRICT
DEPT SPECI	IFY
TSC/PF NO: (FILL FROM THE RI BANK CODE	BRANCH CODE
ACCOUNT NUMBER: (FILL FROM THE RIGHT	CURRENT/ SAVINGS (AS IT APPEARS IB TGE BANK STATEMENT)
ACCOUNT TITLE/NAME:(AS IT	T APPEARS ON THE BANK STATEMENT)
authority to my bank to retur	ey constitutes an overpayment to me, I hereby give irrevocable in the same to the Teachers Service Commission (TSC) whether or Commission this authority extends to any other Bank or Account to the transferred.
This request supersedes any	other request given to this date.
Signature:	
IDENTITY NO:	DATE: