



ECO-PILLAR SACCO SOCIETY LTD

HEAD OFFICE
P.O. Box 48-30600
TEACHERS' PLAZA 1ST FLOOR
Tel: .054-62402/020 2626754 Fax: 054-62402
Email: kapetr sacco@yahoo.com

TURKANA/LODWAR BRANCH
P.O. Box 395
TEL: .054-21274
OPPOSITE KCB
Email: kapetr sacco@yahoo.com

BANK FORM

DEPARTMENT

CELL PHONE NO.:

THE HUMAN RESOURCE/PAYROLL MANAGER
WEST POKOT COUNTY GOVERNMENT/ASSEMBLY
P.O BOX
KAPENGURIA

PAY POINT PARTICULARS

BANK _____ BRANCH _____

STREET/BUILDING _____

DISTRICT/COUNTY _____

PF/NO. (FILL FROM THE RIGHT)

U	S	H	I	R	I	K	A							
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ACCOUNT NUMBER

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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 **MY EMPLOYER** whether or not, I am in service with the employer 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 _____ I.D NO. _____ DATE _____

Note Attach copies of most recent pay slips, National I.D card and proof of bank account e.g. bank card/plate, your bank form must be forwarded (signed and rubber stamped) by your head of institution/Employer.