

HEAD OFFICE
P.O. Box 48-30600
TEACHERS' PLAZA 1ST FLOOR
Tel: .054-62402/020 2626754 Fax: 054-62402

Email: kapetrsacco@yahoo.com

TURKANA/LODWAR BRANCH
P.O. Box 395
TEL: .054-21274
OPPOSITE KCB

Email: kapetrsacco@yahoo.com

THE SECRETARY,
TEACHERS SERVICE COMMISSION,
P.O PRIVATE BAG,
NAIROBI.

Dear Sir/Madam,

I, Mr./Mrs./MissP/f noP/f no
Attach copy of latest pay slip.
SIGNATURE PERSONAL .NO M/NO
CERTIFICATE OF OFFICIALS.
Let the adjustment be affected by the member. We apologies for any inconveniences which may have been caused by this change.
Signed

RE: AUTHORITY TO REVOKE SHARES CONTRIBUTTION / LOAN REPAYMENT.

CC.

Secretary / Manager.

Member's File.



HEAD OFFICE
P.O. Box 48-30600
TEACHERS' PLAZA 1ST FLOOR
Tel: .054-62402/020 2626754 Fax: 054-62402

Email: kapetrsacco@yahoo.com

TURKANA/LODWAR BRANCH
P.O. Box 395
TEL: .054-21274
OPPOSITE KCB

Email: kapetrsacco@yahoo.com

THE SECRETARY,
TEACHERS SERVICE COMMISSION,
P.O PRIVATE BAG,
NAIROBI.

Dear Sir/Madam,

RE: AUTHORITY TO REVOKE SHARES CONTRIBUTTION	/ LOAN REPAYMENT.
--	-------------------

I, Mr./Mrs./Miss	P/f no				
Hereby wish to revoke my authority issued to you	earlier to deduct a sum of				
Kshs,towards my share contribution/loan repayment and wish a sum Kshs					
to be deducted towards the same with effect from	120				
Attach copy of latest pay slip.					
SIGNATURE					
PERSONAL .NO					
M/NO					
<u>CERTIFICATE OF OFFICIALS.</u>					
Let the adjustment be affected by the member. W	'e apologies for any inconveniences which				
may have been caused by this change.					
Signed					

CC.

Secretary / Manager.

Member's File.



HEAD OFFICE
P.O. Box 48-30600
TEACHERS' PLAZA 1ST FLOOR
Tel: .054-62402/020 2626754 Fax: 054-62402

Email: kapetrsacco@yahoo.com

TURKANA/LODWAR BRANCH
P.O. Box 395
TEL: .054-21274
OPPOSITE KCB

Email: kapetrsacco@yahoo.com

THE PAYROLL MANAGER,
WEST POKOT COUNTY GOVERNMENT,
P.O BOX 222 – 30600,
KAPENGURIA.

Dear Sir/Madam,

CC.

Member's File.

RE: AUTHORITY TO REVOKE SHARES CONTRIBUTTION / LOAN REPAYMENT.

Hereby wish to revoke my authority issued to you earlier to deduct a sum of

Kshs,towards my share contribution/loan repayment and wish a sum Kshsto be deducted towards the same with effect from2020					
Attach copy of latest pay slip.					
SIGNATURE PERSONAL .NO M/NO					
CERTIFICATE OF OFFICIALS.					
Let the adjustment be affected by the member. We apologies for any inconveniences whice may have been caused by this change.	:h				
Signed					



HEAD OFFICE
P.O. Box 48-30600
TEACHERS' PLAZA 1ST FLOOR
Tel: .054-62402/020 2626754 Fax: 054-62402

Email: kapetrsacco@yahoo.com

TURKANA/LODWAR BRANCH
P.O. Box 395
TEL: .054-21274
OPPOSITE KCB

Email: kapetrsacco@yahoo.com

THE PAYROLL MANAGER, B.O.G. MEMBERS, P.O BOX 222 – 30600, KAPENGURIA.

Dear Sir/Madam,

<u>RE: AUTHORITY TO REVOKE SHARES CONTRIBUTTION /</u>	<u>/ LOAN REPAYMENT.</u>

I, Mr./Mrs./Miss	P/f no			
Hereby wish to revoke my authority issued to you earlier to d				
Kshs,towards my share contribution/loan repayment and wish a sum Kshs				
to be deducted towards the same with effect from	20			
Attach copy of latest pay slip.				
SIGNATURE				
PERSONAL .NO				
M/NO				

CERTIFICATE OF OFFICIALS.

Let the adjustment be affected by the member. We apologies for any inconveniences which may have been caused by this change.

Signed.....Secretary / Manager.

CC.

Member's File.