

Email- tntsacco@gmail.com

BANK CODE: 99052

	Name:
	P.O. Box
	Town
Personal No. (10 digits)	Date:
Employer	Mobile No
P.O. Box	
Town	
Through	
Station	
Force No (NPS MEMBERS)	
RE: PAYPOINT PARTICULARS:	
I (Full Name	e) ID No
hereby request you to pay all sums of money due to me n	ow or which may thereafter become due in
respect of salaries or allowances to TRANS-NATIO	N SACCO LTD, for the credit of my
savings/current Account No.	
where the same amount of money constitutes an	overpayment to me, I hereby give
IRREVOCABLE authority to my Bank to return it to my	employer.
Yours faithfully,	
Signature:	····
Name :	••

N.B. Attach a recent photocopy of your payslip and ID Card