

PAYPOINT APPLICATION FORM

FILL IN BLOCK (CAPITAL LETTERS)

NAME:

P.O. BOX: TOWN:

DATE:

PERSONAL NO. (P.F.NO.)

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MEMBER NO. (M.NO.)

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EMPLOYER'S NAME:

P.O. BOX: _____ TOWN: _____

THROUGH'

STATION: _____

RE: PAYPOINT PARTICULARS

I (Full Name) I.D.No.....

Hereby request to pay all sums of money due to me now or which may therefore become in respect of salaries or allowances to KENVERSITY SACCO SACCO LTD for credit of my KENSA Account. No.

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Where same amount of money constitutes an overpayment to me, I hereby give IRREVOCABLE authority to my Bank to return it to my employer.

Name: _____ Signature: _____

NB: 1. Attach the following copies

1. NATIONAL IDENTITY CARD (ID) 2. LATEST PAYSリップ