



KEYSTONE DT SACCO

The Sacco of Choice

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BANK ACCOUNT INFORMATION FORM

PART A: PERSONAL PARTICULARS:

Name:.....Pf No.....

Department.....Designation.....

Contact Address.....Tel. No.....Email.....

PART B: CURRENT BANK ACCOUNT DETAILS

Bank..... Branch.....

Account No.....

PART C: NEW BANK ACCOUNT DETAILS

Bank..... Branch.....

Account No.....

PART D: REASON FOR CHANGE

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.....
.....
.....

SIGNATURE_____DATE_____

FOR OFFICIAL USE

PART E: PAYMENT PROCESING OFFICER

SIGNATURE_____DATE_____STAMP_____

PART F: DIRECTOR PAYROLL

SIGNATURE_____DATE_____STAMP_____

NB: Requisite attachments (Copy of ID, copy of bank plate/card, copy of 2 recent payslips, and letter of request) must be provided.