

**P.O BOX 2073, TEL (057) 2024767, MOBILE: 0799946225, KISUMU – KENYA**

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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**

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**SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STAMP\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PART F: DIRECTOR PAYROLL**

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