



GUSII MWALIMU SACCO SOCIETY LIMITED

MWALIMU HOUSE, 1ST FLOOR, P.O. BOX 1335, TEL: 058-30357; FAX: 058-31021 KISII.

Website: <http://www.gusiimwalimusacco.or.ke> ; Email Address: info@gusiimwalimusacco.or.ke



NAME: _____

ADDRESS: _____

TEL.NO: _____

THE DIRECTOR PENSIONS

MINISTRY OF FINANCE, PENSIONS DEPARTMENT

P.O. BOX 20191

NAIROBI.

Dear Sir/Madam,

RE: PAYMENT OF MONTHLY PENSIONS-CHANGE OF PAYPOINT

I, _____ Pension No: _____ would like my monthly pension to be transferred from:

From:-Bank: _____ Branch: _____ Account No: _____

To: - **GUSII MWALIMU SACCO – SASA** Account no: _____

Attached is a photocopy of my Identity Card.

Yours faithfully,

NAME: _____ SIGNATURE _____

NB: PLEASE ATTACH A COPY OF YOUR BANK CARD OR PASSBOOK.

FOR OFFICIAL USE ONLY

ACTED UPON BY: NAME _____ SIGNATURE _____ DATE _____

CHECKED BY: NAME _____ SIGNATURE _____ DATE _____