

Name.....

Address.....

.....

Date

**The Director of Pensions
Ministry of Finance
Pensions Department
P.O Box 20191
NAIROBI**

Dear Sir/Madam

FORM: TNT 14

PAYMENT OF MONTHLY PENSION –CHANGE OF PAY POINT

I.....

Pension No.....

Would like to my monthly Pension to be transferred from

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

Account No.

To: - Name of Bank..... Branch.....

Account No.....

Please note **JOINT ACCOUNTS NOT** acceptable

Attached is a photocopy of my identity Card.

Yours faithfully

Signature

Name.....

Acted upon by-Name.....

SignatureDate.....

Checked by: - Name.....

Signature.....Date.....

NB; ATTACH COPIES OF YOUR BANK CARD/PASSBOOK AND NATIONAL ID CARD.