

PAY-POINT CHANGE REQUEST

		N.T.		
		Name:	• • • • • • • • • • •	•••••
		P/No. :	• • • • • • • • • • • • • • • • • • • •	•••••
		Station:	•••••	
Kenya	Managing Director, Airports Authority, ox 19001, OBI	Dept:	•••••	•••••••••••••••••••••••••••••••••••••••
Dear S	ir,			
RE:	MY BANK ACCOUNT DE	ETAILS		
Please 1	pay my monthly salary throug	th the Bank Acc	ount below	v unless advised otherwise.
Name o	of Bank:		Braı	nch:
Bank A	ccount Name:			
Accour	nt No:		W.e	.f
Previou	ıs Bank:		Brand	ch
Staff Pl	none No			
Yours f	aithfully,		Approved	by: HR Manager Station/Supervisor
Name	:	•••••	Name	:
Signature:		Signature	e:	
Date	:	••••	Date	
Note:	1. please attach a copy of ATM 2. For staff changing from Airpothe Sacco.		banks, you	nust provide a clearance form from