T (SHG) WA-21F002revised October 2026

THAMANA (SHG) WELFARE ASSOCIATION

APPLICATION FOR REMITTANCE FORM

Please tick as appropriate:

PAY ROLL ☐ RTGS ☐ BANK TRANSFER ☐ Date ……

APPLICANT S DETAILS

CBK Staff number …… Pensions number…… Welfare membership number……

Full Name ……

(RTGS /BANK REMINTANCE) Bank Name & Account no: ……

……

TRANSFER INSTRUCTIONS

Please debit from my monthly pension / Bank account indicated above and transfer the following amount as per details provided below:-

Amount in Figures Kshs……**2,500.00**…….. Amount in Words……**Two thousand Five Hundred only**……

Beneficiary Name; **THAMANA (SHG) WELFARE ASSOCIATION**

Beneficiary Account Number **1281485276** Beneficiary Bank Name **KCB BANK** Beneficiary **Branch TRM**

*Purpose of Payment ……Welfare Monthly Subscriptions……

* Name (Mandatory) ……Signature……

I/We understand that these instructions once issued to my Bank/ CBK Pension Fund are irrevocable and I/We have no recourse to the Association once funds are transferred. The funds are transferred at own risk, and I indemnify the Association and CBK Pension Fund against any delay which may occur in the transmission of the message or from its misinterpretation when received.

Date received …… Action by …… Signature ……