



**STAFF BANK DETAIL FORM**

*1: (Employee to fill out the following information)*

Employee's Full Name:.....

Position: .....

Bus Unit: .....

Department/Location .....

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**SALARY BANK DEDUCTION (PRIMARY ACCOUNT):**

Bank:.....

Branch Address:.....

Bank Account Name:.....

Bank Number:.....

**BANK DEDUCTION (SECONDARY ACCOUNT):**

Bank:.....

Branch Address:.....

Bank Account Name:.....

Bank Number:.....

Deduction Amount :.....

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Employee's Signature  
...../...../.....(date)

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HR Manager's Signature  
...../...../.....(date)

.....  
Payroll Officer's Signature  
...../...../.....(date)

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