



NESTICT INFOTECH

MOI AVENUE MOMBASA

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PAYMENT REQUISITION FORM

PAYMENT TERMS*

1. MONTHLY

*****Payment frequency**

1. Post Payments

The payment frequency for postpaid, the cumulative sum shall be **Deposited/Paid 5** days after the **End Of The Month**, this period allows:

1. Payment compilation
2. Update of payroll data

PAYMENT FREQUENCY*

The payment frequency is **Monthly**, the cumulative sum shall be **Deposited/Paid 5** days after the **End Of The Accounting Month**.

PAYMENT CHANNEL*

1. BANK TRANSFER

2. MPESA

Account No:

Tel No:

**** For Bank Transfers indicate Bank Name and Branch**

AFFIRMATION*

I _____ hereby **ACCEPT** to
NESTICT INFOTECH Terms and conditions as herein stated

NAME: _____ **JOB TITTLE:** _____

DATE: _____

*******Fill This Form and send it to hr@nestict.com*******