



FUND	REGION	FUND NUMBER	COUNCIL NUMBER

REQUEST FOR A DIRECT ON LINE PAYMENT OF BENEFITS

*I request you to pay my benefit payable to me, to the credit of my account at the under mentioned Bank
Ek versoek u om my voordeel op krediet van my rekening by die ondergenoemde Bank in te betaal.*

PLEASE NOTE ACCOUNT MUST BE IN YOUR NAME (MEMBER)

Initials and Surname:
Voorletters en Van:

Postal Address:
Posadres:
 Postal Code:

ID Number / ID nommer:

Telephone number: Work / Werk: Home / Huis:

Telefoon nommer: Cell number:

Signature: Date:
Handtekening: Datum:

TO BE COMPLETED BY THE BANK / MOET DEUR U BANK VOLTOOI WORD

**An account has already been opened at the following Bank
Ek het reeds 'n rekening by die volgende Bank geopen**

Account holder's Name:
Rekeninghouer se Naam:

Bank Branch:
Tak:

Type of account / Tipe rekening:
CHEQUE / TJEK SAVINGS / SPAAR TRANSMISSION / TRANSMISSIE

Controlling Branch Number / Beheertakkode:

Account Number / Rekeningnommer:

BANK STAMP
BANK STEMPEL

INFORMATION VERIFIED BY BANK
INLIGTING GEKONTROLEER DEUR
BANK.

Signature of Bank Official
Handtekening van Bankamptenaar