

REQUEST FOR BANK PAYMENT

Note: Must be completed if the Beneficiary / Applicant would like his/her grant paid into a Bank Account

Personal Details of Beneficiary

Surname																					
Full names																					
ID Number																					
Postal Address																			Code		
Residential Address																			Code		
Telephone No.																					
Cellphone No.																					

I, the above mentioned Beneficiary / Applicant, hereby confirm that my details are true and correct and that I hereby consent without prejudice, as the true account holder of this account, to the following conditions:

- | | |
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| 1 | SASSA can verify my details with my bank at any time. |
| 2 | SASSA can request information on withdrawals and balances on my account. |
| 3 | I confirm that the account is in my name, and is not a joint account. |

	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="background-color: #cccccc;">Date</td> <td>C</td><td>C</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td> </tr> </table>	Date	C	C	Y	Y	M	M	D	D
Date	C	C	Y	Y	M	M	D	D		
Signature of Beneficiary / Applicant										

To be completed by the Banking Institution
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Name of Bank																					
Postal Address																			Code		
Branch Code							Type of Account	Cheque		Savings		Transmission									
Account Number																					
Name of Account Holder																					
Date	C	C	Y	Y	M	M	D	D	BANK STAMP												

I, the undersigned confirm that I am an employee of the above mentioned bank, and that I have checked the details of the account holder as being the same as that of the Beneficiary / Applicant. I also confirm that I have checked the original documents of the account holder and state that they are true and correct.

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Date	C	C	Y	Y	M	M	D	D		
Signature of Bank Employee										