

PAYMENT INSTRUCTION FORM FOR PAYMENTS TO SOUTH AFRICA

Personal Details

Name	_____
Pension Number	_____
Address	_____ _____ _____

Bank Details

Name of Bank	_____
Bank Address	_____ _____
Account Name	_____
Account Type	<input type="checkbox"/> 1. Current Account 3. Transmission Account 2. Savings Account 4. Bonds
Account Number	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Bank/Branch Sort Code	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional Information

Narration or Instructions	_____ _____ _____
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Signed _____	Date _____
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