

## PAYMENT INSTRUCTION FORM FOR PAYMENTS TO SOUTH AFRICA

**You must complete all sections of this form for us to update your record.**

### Personal Details

Your full name _____	Pension reference number _____ <i>(a separate form must be completed if you have another membership with us)</i>
Address _____	
_____ Postcode _____	
Email address _____	Contact telephone number _____
National Insurance No _____	

### Previous Bank Details (where we currently pay your pension)

Name of bank _____	Account name _____
<p><b>Please fill out the relevant details below from your existing bank account.</b> (include bank address, the sort code and account number if UK bank. Or if overseas, your institution number/bank identification code, IBAN or routing number whichever is relevant to the bank).</p>	
_____	
_____	
_____	

### New Bank Details (where you would like your pension to be paid)

Name of bank _____													
Bank address _____													
Account name _____ (The account receiving your pension <b>must</b> bear your name)													
Account Type	<input type="checkbox"/> 1. Current Account <input type="checkbox"/> 2. Transmission Account <input type="checkbox"/> 3. Savings Account <input type="checkbox"/> 4. Bonds												
Account Number	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
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**PLEASE NOTE THAT ALL PAYMENTS WILL BE MADE IN LOCAL CURRENCY (ZAR)**

### Declaration

In line with data protection and fraud prevention measures, it is important for us to verify your identity before we make any changes to your personal records. <b>We cannot accept this form if it's not signed.</b>	
Signed _____	Date _____

**Please post your completed form to:** British Airways Pensions, PO Box 2074, 8 Castle Street, Liverpool, L69 2YL. Alternatively, you can email it to [post.inbound@bapensions.com](mailto:post.inbound@bapensions.com)