

ANNEXURE C

## REQUEST FOR BANK PAYMENT



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

## PERSONAL DETAILS

|                 |  |                   |                                   |
|-----------------|--|-------------------|-----------------------------------|
| ID Number:      | <input type="text" value="3611120264081"/> |                   |                                   |
| Surname:        | <input type="text" value="Testing"/>       |                   |                                   |
| Full names:     | <input type="text" value="test"/>          |                   |                                   |
| Cell Number:    | <input type="text" value="0728880985"/>    | Telephone Number: | <input type="text"/>              |
| Postal Address: | <input type="text"/>                       |                   |                                   |
|                 | <input type="text" value="123 Testing"/>   |                   |                                   |
|                 | Postal Code: <input type="text"/>          | Postal Code:      | <input type="text" value="1233"/> |

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:

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.

Date:

Signature of Beneficiary / Applicant

## TO BE COMPLETED BY THE BANKING INSTITUTION

|                         |   |                      |   |
|-------------------------|---|----------------------|---|
| Bank Name:              | <input type="text"/>                    |                      |   |
| Postal Address:         | <input type="text"/>                    |                      |   |
|                         | <input type="text"/>                    |                      |   |
|                         | Postal Code:                            | <input type="text"/> |   |
| Branch Code:            | <input type="text"/>                    | Account Type:        | Cheque <input type="radio"/> Savings <input type="radio"/> Transmission <input type="radio"/> |
| Account Number:         | <input type="text"/>                    |                      |   |
| Name of Account Holder: | <input type="text"/>                    |                      |   |
| Date:                   | <input type="text" value="10/02/2021"/> |                      |   |
| 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

Date:

Signature of Bank Teller

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[Previous Page](#)
[Next Page](#)