

CONSENT FORM FOR BANK PAYMENT



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

Personal Details of Beneficiary/Applicant

Surname																										
Full names																										
ID Number																										
Residential Address																					Code					
Cellphone No																										
Email Address																										

Banking Details of Beneficiary/Applicant

Name of Bank																									
Branch Code						Type of Account	Cheque						Savings						Transmission						
Account Number																									

I, the above mentioned Beneficiary / Applicant, hereby confirm that my personal details and banking 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 to pay my social grant into the bank account I provided above. |
| 2 | SASSA can verify my details with my bank or any organisation at any time. |
| 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										

NB: This form to be accompanied by any document from the bank that depicts the beneficiary / applicant account number such as a bank statement or proof of account