

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

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|----------------|--|--|--|--|--|-----------------|--------|--|--|--|--|--|---------|--|--|--|--|--|--------------|--|--|--|--|--|--|
| 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:

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|---|---|
| 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. |

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|---|--|------|---|---|---|---|---|---|---|---|
| | <table border="1" style="margin: auto; border-collapse: collapse;"> <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