ANNEXURE C

REQUEST FOR BANK PAYMENT

sassa
SOUTH AFRICAN SOCIAL SECURITY AGENCY

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

Personal Details of Beneficiary	
Surname	
Full names	
ID Number	
Postal Address	Code
Residential Address	Code
Telephone No.	
Cellphone No.	

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.

Signature of Beneficiary / Applicant	**Date** C C Y Y M M D D

To be completed by the Banking Institution	
Name of Bank	
Postal Address	Code
Branch Code	Type of Account: Cheque ☐ Savings ☐ Transmission ☐
Account Number	
Name of Account Holder	
Date	C C Y Y M M D D

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.

Signature of Bank Employee	**Date** C C Y Y M M D D