

COMPENSATION COMMISSIONER FOR OCCUPATIONAL DISEASES

DEPARTMENT OF HEALTH
Republic of South Africa

APPLICATION TO PAY BENEFIT INTO BANKING ACCOUNT

I, _____
(Full name and surname in block letters)

Identity number

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Hereby request/instruct/authorise you to pay my benefit, if approved, into my under mentioned Bank/Building Society account.

I understand that the credit transfers hereby authorised, will be processed by the computer through a system known as ACB Magnetic Tape Services, and I also understand that no details of payment will be provided by my bank, but details of each payment will be printed on my bank statements. (This does not apply where it is not customary for the banks to furnish bank statements, eg. Savings account or transmission account.)

This authority may be cancelled by me by giving thirty days' notice in writing.

NB: Documentary proof of bank account (eg. Bank statement, ATM slip, cancelled cheque) must be attached.

***Kindly be informed that information supplied on this form does not translate into payment.**

Signature of applicant _____
Date

To be completed ONLY by the Bank/Building Society

Name of account holder _____

Name of Bank/Building Society _____

Branch code

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Account number

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Indicate with an "X"

Savings account	<input type="checkbox"/>
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Current account	<input type="checkbox"/>
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Transmission account	<input type="checkbox"/>
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Other	<input type="checkbox"/>
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Specify	_____
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I declare that the abovementioned information is current and complete in every aspect and that the Compensation commissioner for Occupational Diseases will not be held liable for any incorrect payment which, might arise due to incorrect/incomplete information supplied by me.

Information supplied by: (Name of Bank Official) _____

<i>Signature of Bank Official</i>	<i>Bank Stamp</i>
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