UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED
AUTHORISATION TO PAY BENEFITS INTO BANKING ACCOUNT

To be completed by the Financial Institution (Bank/Post Office)

NB: No alterations should be made on this form

Name of account holder _____,
(Full name and surname in block letters)

Identity Document

Name of Financial Institution _____

Branch code

Account number

Indicate with an "X"

Savings account		**Current account**		**Transmission account**	

Dormant:		**Active**	

I declare that the abovementioned information is correct and complete in every aspect and that the Unemployment Insurance Commissioner will not be held liable for any incorrect payment which might arise due to incorrect/incomplete information supplied by me.

_____
Name of Bank / Post Office official

_____
Signature of Bank/ Post Office Official

Bank Stamp

Date: _____

To be completed by the Applicant

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

Identity Document

Hereby authorise the Unemployment Insurance Commissioner/Claims Officer to pay my benefits, if approved, into the abovementioned account held at the Financial Institution, unless otherwise instructed in writing.

I declare that the information as furnished by the abovementioned Financial Institution is to my knowledge accurate and complete. I indemnify the UIC of any liability in the event of payment being made into the provided banking account should this account be incorrect or incomplete.

_____
Signature of applicant

_____
Date