National Treasury
Pensions Administration
ACB BANK PARTICULARS

SEE INSTRUCTIONS OVERLEAF

Z894

G.P.-S 81/329645

Bar Code

Please have this form completed by your bank as confirmation of your bank particulars.

A) BENEFICIARY PARTICULARS (Compulsory)

1. Pension No.

2. Date of birth C C Y Y M M D D

3. Title

4. Surname

5. First name

6. Middle names

7. ID No.

8. Passport No.

B) BANKING DETAILS OF ACCOUNT HOLDER (This section must be completed by the bank) (Compulsory)

1. Account holder name

2. Name of bank

3. Branch code

4. Branch name

5. Account No.

6. Type of account ☐ Cheque ☐ Transmission ☐ Savings

7. Branch tel No. C O D E

8. Branch fax No. C O D E

9. Branch postal address C O D E

10. Branch email address

Surname of Bank Official

Initials

Signature of Bank Official

Official Date Stamp of Bank

C) PREVIOUS BANKING DETAILS OF ACCOUNT HOLDER (Complete only if banking details have changed)

1. Account holder name

2. Type of account ☐ Cheque ☐ Transmission ☐ Savings

3. Name of bank

4. Branch name

5. Branch code

6. Account No.

D) DECLARATION

To be completed by the beneficiary (i.e. Pensioner / Member / Executor / Other)

I CONFIRM THAT THE ABOVE DETAILS ARE CORRECT:

Signature

Thumb print of beneficiary (Compulsory)

Date C C Y Y M M D D

Tel No. C O D E

Fax No. C O D E

Cell No.

Residential address C O D E

39512