UNEMPLOYMENT INSURANCE FUND

AUTHORISATION TO PAY BENEFITS INTO BANKING ACCOUNT

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

| Identity number |
|--|
| Name of Financial Institution Branch code Account number Indicate with an "X" Savings account Current account Transmission account I declare that the abovementioned information is current and complete in every aspect and the Unemployment Insurance Commissioner will not be held liable for any incorrect payment might arise due to incorrect/incomplete information supplied by me. NB: Please note that no corrections on this form would be accepted Information supplied by: (Name of Bank/Post Office Official) Signature of Bank Official Bank Official Stamp |
| Branch code Account number Indicate with an "X" Savings account Current account Transmission account Dormant: Active I declare that the abovementioned information is current and complete in every aspect and the Unemployment Insurance Commissioner will not be held liable for any incorrect payment might arise due to incorrect/incomplete information supplied by me. NB: Please note that no corrections on this form would be accepted Information supplied by: (Name of Bank/Post Office Official) Signature of Bank Official Bank Official Stamp |
| Branch code Account number Indicate with an "X" Savings account Current account Transmission account Dormant: Active I declare that the abovementioned information is current and complete in every aspect and the Unemployment Insurance Commissioner will not be held liable for any incorrect payment night arise due to incorrect/incomplete information supplied by me. NB: Please note that no corrections on this form would be accepted Information supplied by: (Name of Bank/Post Office Official) Signature of Bank Official Bank Official Stamp |
| Current account Transmission account Transmission account |
| Current account Current account Transmission account |
| Current account Current account Transmission account |
| Dormant: Active |
| declare that the abovementioned information is current and complete in every aspect and the Unemployment Insurance Commissioner will not be held liable for any incorrect payment night arise due to incorrect/incomplete information supplied by me. NB: Please note that no corrections on this form would be accepted information supplied by: (Name of Bank/Post Office Official) Signature of Bank Official Bank Official Stamp |
| Unemployment Insurance Commissioner will not be held liable for any incorrect payment might arise due to incorrect/incomplete information supplied by me. NB: Please note that no corrections on this form would be accepted Information supplied by: (Name of Bank/Post Office Official) Signature of Bank Official Bank Official Stamp |
| Unemployment Insurance Commissioner will not be held liable for any incorrect payment might arise due to incorrect/incomplete information supplied by me. NB: Please note that no corrections on this form would be accepted Information supplied by: (Name of Bank/Post Office Official) Signature of Bank Official Bank Official Stamp |
| Unemployment Insurance Commissioner will not be held liable for any incorrect payment night arise due to incorrect/incomplete information supplied by me. NB: Please note that no corrections on this form would be accepted Information supplied by: (Name of Bank/Post Office Official) Signature of Bank Official Bank Official Stamp |
| night arise due to incorrect/incomplete information supplied by me. NB: Please note that no corrections on this form would be accepted Information supplied by: (Name of Bank/Post Office Official) Signature of Bank Official Bank Official Stamp |
| MB: Please note that no corrections on this form would be accepted Information supplied by: (Name of Bank/Post Office Official) Signature of Bank Official Bank Official Stamp |
| Information supplied by: (Name of Bank/Post Office Official) Signature of Bank Official Bank Official Stamp |
| nformation supplied by: (Name of Bank/Post Office Official) Signature of Bank Official Bank Official Stamp |
| Signature of Bank Official Bank Official Stamp |
| Signature of Bank Official Bank Official Stamp |
| Signature of Bank Official Bank Official Stamp |
| |
| |
| |
| <u> </u> |
| |
| <u> </u> |
| |
| |
| |
| Date: |
| |
| |
| To be completed by the Applicant |
| The Unemployment Insurance Commissioner/Claims Officer |
| the Ottemployment insurance Commissioner/Claims Officer |
| ,, |
| (Full name and surname in block letters) |
| |
| dentity number |
| |
| ereby request/instruct/authorise you to pay my benefits, if approved, into the abovementioned according to the abovemention of the above mentioned according to the |
| nereby request/instruct/authorise you to pay my benefits, if approved, into the abovementioned acceptable and the control of t |
| nereby request/instruct/authorise you to pay my benefits, if approved, into the abovementioned and at the Financial Institution (Bank/Post Office), unless otherwise instructed in writing. |
| nereby request/instruct/authorise you to pay my benefits, if approved, into the abovementioned and the Financial Institution (Bank/Post Office), unless otherwise instructed in writing. I declare that the information as furnished by the abovementioned Financial Institution is |
| nereby request/instruct/authorise you to pay my benefits, if approved, into the abovementioned and held at the Financial Institution (Bank/Post Office), unless otherwise instructed in writing. I declare that the information as furnished by the abovementioned Financial Institution is knowledge accurate and complete. I indemnify the UIC of any liability in the event of payment |
| nereby request/instruct/authorise you to pay my benefits, if approved, into the abovementioned and all at the Financial Institution (Bank/Post Office), unless otherwise instructed in writing. declare that the information as furnished by the abovementioned Financial Institution is knowledge accurate and complete. I indemnify the UIC of any liability in the event of payment |
| nereby request/instruct/authorise you to pay my benefits, if approved, into the abovementioned and held at the Financial Institution (Bank/Post Office), unless otherwise instructed in writing. I declare that the information as furnished by the abovementioned Financial Institution is knowledge accurate and complete. I indemnify the UIC of any liability in the event of payment |
| Identity number hereby request/instruct/authorise you to pay my benefits, if approved, into the abovementioned acheld at the Financial Institution (Bank/Post Office), unless otherwise instructed in writing. I declare that the information as furnished by the abovementioned Financial Institution is knowledge accurate and complete. I indemnify the UIC of any liability in the event of payment made into the provided banking account should this account be incorrect or incomplete. Signature of applicant Date |