CONSENT FORM FOR BANK PAYMENT

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

Personal Details of Beneficiary/Applicant	
Surname	
Full names	
ID Number	
Residential Address	
	Code
Cellphone No	
Email Address	

Banking Details of Beneficiary/Applicant																					
Name of Bank																					
Branch Code									Type of Account	Cheque		Savings		Transmission							
Account Number																					

I, the above mentioned Beneficiary / Applicant, hereby confirm that my personal details and banking 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 to pay my social grant into the bank account I provided above.
2	SASSA can verify my details with my bank or any organisation at any time.
3	I confirm that the account is in my name, and is not a joint account.

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

NB: This form to be accompanied by any document from the bank that depicts the beneficiary / applicant account number such as a bank statement or proof of account