

PPF PENSIONS FUND



BANK DETAILS FORM

I/We confirm that the details set out below are true and correct. This authority and instructions will remain of full force and effect until cancelled by written notice given by me / us and received by PPF Pensions Fund. In the event that the details set out below should change in any way, I / we agree to cancel this authority and instruction in writing forthwith.

YOUR TEL. and FAX NO. (For faxing remittance advice's): _____		Bank Stamp
YOUR E-MAIL ADDRESS (For e-mailing remittance advice's): _____		
NAME OF BANK: _____		
BRANCH: _____		
NAME IN WHICH ACCOUNT IS HELD: _____		
BRANCH CODE: _____		
SWIFT ADDRESS: _____		
ACCOUNT NUMBER: _____		
TYPE OF ACCOUNT:	Current Account: _____	
	Savings Account: _____	

Signed and stamped on Behalf of the Company/Account Holder (Two Authorised Signatories for Corporate Bodies)

*** To be completed by individual member**

* Name:

Designation:

* Signature:

* Date:

Name:

Designation:

Signature:

Date:

**Employer
Official
Stamp**

NOTE:

1. This form must be filled by the payee whether a company or individual.
2. This form must be certified by account holder bankers to correctness of account details and signatories.
3. The requirements for official stamp do not apply to individuals.
4. For payments to individuals attach dully certified copy of Bank Identification Card that has been certified by the payee's bank.