

DEPARTMENT OF LABOUR



COMPENSATION FUND

PENSIONS ELECTRONIC TRANSFER

i) PENSIONER DETAIL:

SURNAME [Grid]

FIRST NAMES [Grid]

ID NUMBER [Grid]

PENSION NUMBER P [Grid]

STREET ADDRESS [Grid]

POSTAL ADDRESS [Grid]

TELEPHONE/CELL NUMBER (DURING OFFICE HOURS) [Grid] (AREA CODE) [Grid]

ii) BANK ACCOUNT DETAIL:

ACCOUNT HOLDER [Grid]

BANK [Grid]

BRANCH [Grid]

BRANCH CODE [Grid]

ACCOUNT NUMBER [Grid]

TYPE OF ACCOUNT Mark where applicable X Current (Cheque) 1 Savings 2 Transmission 3

I hereby request, "instruct" and authorise you to pay my pension to the credit of the account at the abovementioned bank. I understand that the credit transfers hereby authorised, will be processed by computer through a system known as EFT Magnetic Tape Service, and I also understand that no advice of payment will be provided by the bank, but details of each payment will be printed on a bank statement or on an accompanying voucher. (This does not apply where it is not customary for banks to furnish bank statements, e.g. saving accounts or transmission accounts).

I understand that pensions are paid on the twenty fifth of each month, or if the twenty fifth falls on a Saturday, a Sunday or a public holiday on the working day before. No tangible proof that pensions have actually been deposited will be supplied.

This authority may be cancelled by me by giving you thirty days notice in writing, "sent by registered mail".

Furthermore, I declare that the above-mentioned information is correct and complete in every respect and that the Compensation Commissioner will not be held liable for any incorrect payment which might arise due to incorrect/incomplete information supplied by me.

DATE STAMP OF BANK

SIGNATURE OF PENSIONER

DATE