CONSENT FORM FOR BANK PAYMENT



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

						Per	sor	nal I	Det	ails	s of	Be	nefi	ciary	/Ap	plica	ant										
Surname																											
Full names																											
ID Number																											
Residential Address	Code																										
Cellphone No																											
Email Address																											
	Banking Details of Beneficiary/Applicant																										
Name of Bank Grindrod Bank Limited																											
Name of Dank	OII	iiiai		aiii	\ LII		,u																				
Branch Code	5	8	4	0	0	0					e o our			(Cheque			Savings			Transmission			ion			
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:															nd												
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	3 I confirm that the account is in my name, and is not a joint account.																										
															Dat	е	С		С	Υ	Υ	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