UNEMPLOYMENT INSURANCE FUND

AUTHORISATION TO PAY BENEFITS INTO BANKING ACCOUNT

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

Name of account holder _____,
(Full name and surname in block letters)

Identity number

Name of Financial Institution _____

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 that the Unemployment Insurance Commissioner will not be held liable for any incorrect payment which 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

Date: _____

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To be completed by the Applicant

The Unemployment Insurance Commissioner/Claims Officer

I, _____ ,
(Full name and surname in block letters)

Identity number

Hereby request/instruct/authorise you to pay my benefits, if approved, into the abovementioned account 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 to my knowledge accurate and complete. I indemnify the UIC of any liability in the event of payment being made into the provided banking account should this account be incorrect or incomplete.

_____ _____
Signature of applicant Date