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
Cellphone No
Email Address
Banking Details of Beneficiary/Applicant
Name of Bank
Branch Code Type of Account Cheque Savings Transmission
Account Number
, 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:
SASSA to pay my social grant into the bank account I provided above.
SASSA can verify my details with my bank or any organisation at any time.
I confirm that the account is in my name, and is not a joint account.
Date C C Y Y M M D D
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