



BANK FORM - PAYMENT TO PERSONAL ACCOUNT

Private Bag x63
Pretoria
SOUTH AFRICA
0001

34 Hamilton Street
Arcadia
Pretoria

BAR CODE

Call Centre : 0800 117 669
E-mail : enquiries@gepf.co.za
Website : www.gepf.co.za

Please have this form completed by the bank as confirmation of your banking particulars

A) PARTICULARS OF THE MEMBER OR PENSIONER (Compulsory)

1. Pension or CP number	<input type="text"/>	2. Date of birth	<input type="text"/> C <input type="text"/> C <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D	3. Title	<input type="text"/>
4. Surname	<input type="text"/>				
5. First Name	<input type="text"/>				
6. Initials	<input type="text"/>	7. Member tax no	<input type="text"/>		
8. ID number	<input type="text"/>		9. Passport No.	<input type="text"/>	

B) BANKING DETAILS OF THE ACCOUNT HOLDER (This section must be completed by the BANK) (Compulsory)

1. Account Holder Name	<input type="text"/>					
2. Name of Bank	<input type="text"/>					
3. Account Number	<input type="text"/>			4. Universal Branch Code	<input type="text"/>	
5. Branch Name	<input type="text"/>				6. Account type	<input type="checkbox"/> Cheque <input type="checkbox"/> Transmission <input type="checkbox"/> Savings
8. Branch E-Mail	<input type="text"/>					
9. Branch postal addr.	<input type="text"/>					
	<input type="text"/>			<input type="text"/> C <input type="text"/> O <input type="text"/> D <input type="text"/> E	10. Branch Tel No	<input type="text"/>
<input type="text"/>		<input type="text"/>				
Surname of Bank Official		Initials		Official Date Stamp of Bank		
Signature of Bank Official						

C) PREVIOUS BANKING DETAILS OF MEMBER OR PENSIONER (required if account details are being updated)

1. Acc holder name	<input type="text"/>					
2. Name of bank	<input type="text"/>					
3. Branch name	<input type="text"/>					
4. Account No.	<input type="text"/>			5. Branch code	<input type="text"/>	

D) DECLARATION

To be completed by the beneficiary (i.e. Pensioner / Member / Beneficiary)
I CONFIRM THAT THE ABOVE DETAILS ARE CORRECT:

Signature (Compulsory)

Thumb print of beneficiary (Compulsory)

Date	<input type="text"/> C <input type="text"/> C <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D	Cell No.	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>			
Residential address	<input type="text"/>			
	<input type="text"/>			<input type="text"/> C <input type="text"/> O <input type="text"/> D <input type="text"/> E