

BENEFICIARY INFORMATION

Full Name & Surname	
ID Number	
Contact Details (cell number preferred)	
Email	

BANKING DETAILS OF BENEFICIARY

Account Holder Name												
Bank Name												
Account Number												
Branch Code												
Type of Account	Current	<input type="checkbox"/>	Savings	<input type="checkbox"/>	Transmission	<input type="checkbox"/>						

I the claimant, declare that all the information on this document is truthful and correct.

.....
Full Name in Print

.....
Signature of Claimant

.....
Date of Signature