



APPLICATION TO PAY SALARY INTO BANKING ACCOUNT (256)

DIRECTORATE: SERVICE BENEFITS

Name of Component / Institution		/																	
I.D. Number																			
PERSAL Number																			
Email Address																			
Contact Number(s)																			
BANK																			
Account Number																			
Controlling Branch co	de																		
Indicate with an "X Employee's Signature		Sa 	avings / Plac	 unt [Chequ	Je Ac	coun	t [Т	Fransmi Date	ssion A	ccount		
Name and Surname of Supervisor/ Manager / Principal				Signature											Contact number				
Name of Bank Representative				Signature											Financial Institution Date Stamp				
VERY IMPORTANT NOTE: * Please confirm with the Bank Details has been c closing the old bank acc	hanged																		

 * Attach banking details confirmation letter from the bank indicating your correct banking details.

* No bank details will be changed without banking details confirmation letter from your bank.