



**dcs&tm**

Department:  
Community Safety & Transport Management  
North West Provincial Government  
REPUBLIC OF SOUTH AFRICA

## BANK DETAILS MAINTENANCE

Safety House 31-34 Molopo Road  
Mafikeng, 2745  
P/Bag X 19 Mmabatho 2735  
Tel: +27 (18) 381 9186/9189  
Fax: +27 (18) 381 9123

### Bank Particulars (To be completed by Bank Official)

Accountholder

Name of Bank

Name of Branch

Branch Code

ID No.

Account Number

Type of Account

Cheque Account

Other (specify)

Savings Account

**DATE STAMP OF BANK**

**BANK ACCOUNT DETAILS CERTIFIED AS CORRECT**

**CONTACT DETAILS**

ADDRESS:

  
  

POSTAL CODE:

TEL/CELL:

### Consent by Claimant

I/We hereby request and authorise you to pay any amounts which have accrued to me/us to the credit of my/our account with the above mentioned banking institution.

I/We understand that the credit transfers hereby authorised will be processed by computer through a system known as the "EBT" ELECTRONIC BANK TRANSFER Service", and I/We also understand that no additional advice of payment will be provided by my/our bank, but details of each payment will be printed on my/our bank statement or any accompanying voucher. (This does not apply where it is not customary for banks to furnish bank statements).

Initials and Surname

Authorised Signature

Date dd/mm/yyyy