UNEMPLOYMENT INSURANCE FUND

AUTHORISATION TO PAY BENEFITS INTO BANKING ACCOUNT

To be completed by the Financial Institution (Bank/Post Office)

Name of account holder ______________________________________________________,
(Full name and surname in block letters)

Identity number

Name of Financial Institution ___________________________________________________

Branch code Account number

Indicate with an “X”
Savings account Current account Transmission account

Dormant: Active

I declare that the abovementioned information is current and complete in every aspect and that the
Unemployment Insurance Commissioner will not be held liable for any incorrect payment which
might arise due to incorrect/incomplete information supplied by me.

NB: Please note that no corrections on this form would be accepted

Information supplied by: (Name of Bank/Post Office Official)

_____________________________   ______________________
Signature of Bank Official      Bank Official Stamp

Date: ______________________

To be completed by the Applicant

The Unemployment Insurance Commissioner/Claims Officer

I, ________________________________,
(Full name and surname in block letters)

Identity number

hereby request/instruct/authorise you to pay my benefits, if approved, into the abovementioned account
held at the Financial Institution (Bank/Post Office), unless otherwise instructed in writing.

I declare that the information as furnished by the abovementioned Financial Institution is to my
knowledge accurate and complete. I indemnify the UIC of any liability in the event of payment being
made into the provided banking account should this account be incorrect or incomplete.

Signature of applicant ___________________ Date ____________________________