

CEFTU 3 (BANK & PERSONAL DETAIL)

The Director General : Department of Justice and Constitutional Development

I hereby request and authorise you to pay any amounts in respect of Guardians Fund which may accrue to me to the credit of my / our account with the authorised financial services provider mentioned below.

I understand that the credit transfers hereby authorised will be processed electronically to the account specified below. I also understand that any banking costs for transactions (withdrawals/bank statements/etcetera) made on the account will be borne by me. The Department of Justice & Constitutional Development will not be liable for any banking costs on the account and will only carry the cost of the Electronic Funds Transfer made to the credit of the account specified. I also hereby indemnify the Department of Justice & Constitutional Development for any incorrect detail and information that may be specified on this form.

Masters Office: _____

BANK DETAIL

Name of Bank:

Name of Branch:

Name of Account:

Branch Code :

Account Number :

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Type of Account :

Current Account

Savings Account

Transmission Account

Other (Please Specify)

DATE STAMP OF BANK TO VERIFY
 BANK ACCOUNT PARTICULARS

PERSONAL DETAIL

Surname & Initials

Identity Number

File Barcode No.:

Address _____

Cell /Contact Number:

 SIGNATURE

I hereby certify that the above detail is correct. I also undertake to inform the Department of Justice & Constitutional Development should the above details change in any way whatsoever. Please take note that financial institutions normally close an account should it be dormant for longer than three months.

OFFICIAL DETAIL

Received by Masters Office Official: _____

 Officials Signature

Date: _____