

4. PAYMENT DETAILS

Complete banking details if payment is to be made directly into bank account:

Name of Accountholder
Name of Bank
Branch
Branch Code
Account No.
Account Type

A bank statement or cancelled cheque must be provided before payment is made.

Signature of Accountholder _____

5. DECLARATION

Upon payment in terms of the above instructions, the Fund shall have no further liabilities in respect of the member:

Member's signature Date

PLEASE REMIT TO: GIB Employee Benefits
P.O. BOX 3211, HOUGHTON, 2041; or
1st Floor Houghton Place, 51 West St. Houghton
FAX: (011) 728-4426 / TEL: (011) 483-1212

