

Metal Industries Benefits Funds Administrators

Association Incorporated Under Section 21: Reg. No 94 01481/08 ENGINEERING INDUSTRIES PENSION FUND / METAL INDUSTRIES PROVIDENT FUND

MANDATE FOR PAYMENT OF BENEFITS TO BANK IN SOUTH AFRICA NO ALTERATIONS OR TIPPEX WILL BE ACCEPTED

FUN	ID DETAILS																
	Members name:																
	Members Identity Number:																
λ. Ρ/	AYEE'S DETAILS - Temporary Identit	y Doc	ument	ts and	Driver	s Licer	ices ar	e not	accep	table k	y the	Fund					
(1)	Surname of Payee																
(2)	Maiden Name										-	-	1	-			
(3)	Name of Payee											1	-				
(4)	Identity Number											1	-				
	Identity Document to be produced																
3. DI	ETAILS OF ACCOUNT - To be verified	ed by	Bank o	official	as cor	rect a	nd act	ive/cı	irrent.								
(1)	Name of Bank											1					
														_l			
(2)	Address of Bank																
											1	Τ		<u> </u>			
							•	•					<u> </u>				
									Post	al Code			_				
(3)	Name of Branch																
(1							1 	 	 				
(4)	Branch Code (To be supplied by Bank)																
(5)	Account Number																
														·			
(6)	Type of Account																
Γ	I declare that all the information given on this form	n is trui															
			· MATCHES/DOES NOT* MATCH THE ID Y N COPY HELD AT THE BANK														
	SIGNATURE																
	(ACCOUNT HOLDER)	(ACCOUNT HOLDER)				FULL NAMES OF BANK OFFICIAL											
	*Thumbprint if applicant cannot sign																
	DATE																
	-						SIGNAT	URE C	F OFFI		ID STA	MP OF	BANK] `			

**ATTACH A COPY OF THE APPLICANT'S BANK STATEMENT (NOT OLDER THAN 3 MONTHS)

M/Pensions/Death App Oct'23

CONSENT: I agree that the Metal Industries Benefit Funds Administrators (MIBFA) may collect, use, disclose and otherwise process my personal information, as contained in this Bank Mandate, or as otherwise collected through my participation in either the Engineering Industries Penson Fund or the Metal Industries Provident Fund, for the specific purpose of processing payment of, and an application for payment of benefits. By completing and signing this Bank Mandate, I further agree that MIBFA may take steps to verify specific personal information relating to me and, for this purpose, may obtain my personal information form, or verify my personal information with, amongst others, previous employers, banking institutions, the South African Revenue Services, and medical professionals.