employment & labour
Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA

UIF WORKING FOR YOU

UNEMPLOYMENT INSURANCE FUND
AUTHORISATION TO PAY BENEFITS INTO BANKING ACCOUNT

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

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

Name of account holder:_____
(Full name and surname in block letters)

Identity Document:

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.

_____
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 Document:

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

UIF | WORKING FOR YOU
POSTAL ADDRESS: P.O.Box 1851, Pretoria, 0001 **PHYSICAL ADDRESS:** 230 Lillian Ngoyi, Absa Towers, Pretoria **TEL:** (012) 337 1680