

**BANK MANDATE**

To be completed by employer and member

- All sections must be completed in full using BLOCK LETTERS.
- Please indicate all options selected by means of a cross (X).
- To enable Acravest to process this form, please ensure that it is completed in full and that the information provided is accurate.
- Please sign next to any amendments made on this form.

**PERSONAL DETAILS OF ACCOUNT HOLDER**

Full names

Surname

Identity number

Postal address

Postal code

**BANKING DETAILS**

Account holder

Name of bank  Branch name

Account number  Branch code

Account type

**TO BE COMPLETED BY BANK**

I confirm that the above banking details are accurate and correct.

Authorised signature

Bank Stamp

Date