DURBAN MUNICIPAL THRIFT FUND

ELECTRONIC BANKING DETAILS/CHANGE TO ELECTRONIC BANKING DETAILS

(MEMBER TO PRESENT ALL REQUIRED DOCUMENTS IN PERSON)

SERVICE NUMBER: _____

FULL NAME: _____

DEPARTMENT: _____

CONTACT ELEPHONE NUMBER: _____

EMAIL ADDRESS TO WHICH ALL FUND MATTERS MAY BE SENT:

_____

DOCUMENTS REQUIRED:

1) ORIGINAL I.D. BOOK/CARD

2) COPY OF I.D. BOOK/CARD

3) PROOF OF RESIDENCE (ANY REGULAR ACCOUNT REFLECTING RESIDENTIAL ADDRESS THAT IS NOT OLDER THAN 3 MONTHS)

4) BANK STATEMENT OR ORIGINAL SIGNED LETTER FROM BANK CONFIRMING BANKING ACCOUNT DETAILS

BANK ACCOUNT DETAILS

1. Name of Account Holder: _____

2. Identity Number: _____

3. Bank Account Type: _____

4. Name of Bank: _____

5. Bank Account Number: _____

6. Branch Code: _____

Authority to use above account for EFT payments **_____**

Signature of Account Holder

Confirmation of Banking Details **_____**

Signature of Bank Official

Official Bank Stamp **_____**

Name of Bank Official

FOR OFFICE USE ONLY: **MEMBERS ORIGINAL I.D. SEEN** **_____**

VERIFIED COPY OF I.D. BOOK/CARD **_____**

CAPTURED ONTO DMTF SYSTEM BY **_____**

CAPTURING VERIFIED BY **_____**

CHECKED TO COMPUTER PRINT OUT BY SECRETARY/TREASURER **_____**