

DURBAN MUNICIPAL THRIFT FUND

'ELECTRONIC BANKING DETAILS'

SERVICE NUMBER : _____

NAME : _____

SERVICE/ DEPARTMENT : _____

CONTACT NUMBER: _____

PLEASE ALSO SUBMIT

COPY OF ID. BOOK

- 1) A COPY OF AN ACCOUNT - MUNICIPAL, TELEPHONE ETC,
REFLECTING YOUR RESIDENTIAL ADDRESS (NOT MORE THAN
6 MONTHS OLD)

BANKING ACCOUNT DETAILS

1. Name of Account Holder : _____

2. Identity Number : _____

3. Bank Account : _____

4. Name of Bank : _____

5. Bank Account No : _____

6. Branch Code No: _____

Authorised use of these account
details for Electronic Deposits:

Signature of Account Holder

Authorised use of these account
details for Electronic Deposits:

Signature of Bank Official

Name of Bank Official :

Official Bank Stamp

COPY OF ID BOOK _____

SIGNATURE VERIFIED BY: _____

CAPTURED BY: _____

VERIFIED BY: _____

MEMBER TO PRESENT ALL REQUIRED DOCUMENTS IN PERSON