51998

# BANK VERIFICATION FORM

DEBSWANA PENSION FUND
*Your fund: your security for your future*

Member's Omang No.

## MEMBER / CLAIMANT PERSONAL DETAILS

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Capt ☐ Prof ☐ Adv

Surname

First Name

Date of Birth (dd/mm/yyyy) / /

Claimant's Omang No.

## MEMBER / CLAIMANT'S BANKING DETAILS

THIS SECTION SHOULD ONLY BE COMPLETED BY A BANKING INSTITUTION REPRESENTATIVE

Name of the Account Holder

Bank Name

Branch Code

Account Number

AccountType

☐ Savings ☐ Cheque ☐ Transmission

## DECLARATION BY A BANKING INSTITUTION REPRESENTATIVE

This is to certify that I have seen the above named person and believe him / her to be the account holder of the furnished banking details.

Surname

First name

Date / / (dd/mm/yyyy)

Omang No.

Signed on behalf of banking institution representative

Official Bank Stamp



Completed documents to be forwarded to:
Private Bag 00512, Gaborone

Print Reset