

MEMBER CHANGE IN BANKING DETAILS



Omang No.

IMPORTANT: THIS FORM SHOULD ONLY BE COMPLETED IN CASE OF A CHANGE/CORRECTION IN BANKING DETAILS

TO BE COMPLETED BY MEMBER

MEMBER'S REVISED BANKING DETAILS

Name of the Account Holder																	
Bank Name																	
Branch Code																	
Account Number																	
AccountType																	
			-														
Savings C	heque] Tra	nsmi	ssion	l											

DECLARATION BY MEMBER

Ihereby declare that I am the account holder of the above mentioned account. In the event of any loss suffered as a result of any details provided herein being incorrect, the Debswana Pension Fund cannot be held liable for such losses.

Surname																							
First name																							
	Omang No																						
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																′	Dat	e(do	▲ /mr	′∟ m/yy	/yy)		
	Member's Signature																						

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