



THE FEDERATED EMPLOYERS MUTUAL ASSURANCE COMPANY (RF) (PTY) LTD



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CONFIRMATION OF BANKING DETAILS COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993, AS AMENDED.

SECTION 1 EMPLOYEE/ WIDOW/ WIDOWER/ GUARDIAN

PERSONAL DETAILS

PENSION NUMBER/ CLAIM NUMBER			
EMPLOYER			
TITLE	FULL NAME		
SURNAME			GENDER <input type="checkbox"/> MALE
ID NUMBER	DATE OF BIRTH		
RESIDENTIAL ADDRESS			
	CODE		
POSTAL ADDRESS			
	CODE		
TEL NO. (H)		TEL NO. (W)	
CELL NO.		EMAIL	

SECTION 2 BANK DETAILS

PERSONAL OR BUSINESS/PRACTICE BANK DETAILS

ACCOUNT HOLDER			
BANK			
BRANCH NAME			
BRANCH CODE			
ACCOUNT NO.			
ACCOUNT TYPE	CURRENT <input type="checkbox"/>	SAVINGS <input type="checkbox"/>	CHEQUE <input type="checkbox"/>
	TRANSMISSION <input type="checkbox"/>	OTHER <input type="checkbox"/>	

TO BE COMPLETED BY BANK

BANK STAMP

PREFERRED MEANS OF CONTACT - How do you like us to contact you?
 EMAIL POST FAX VIA YOUR EMPLOYER

OFFICIAL'S NAME
SURNAME

PLEASE REMEMBER TO ATTACH A ONE MONTH' BANK STATEMENT AND A CERTIFIED COPY OF YOUR ID



SECTION 3 DECLARATION

I hereby request, instruct and authorise FEM to pay any amounts that may accrue to me, and credit my account with the above-mentioned bank (or any other bank or branch to which I/we may transfer my/our account).

I understand that the credit transfers hereby authorised will be processed by a computer through a system known as the EFT Magnetic Tape Service and I also understand that no advice of payment will be provided by my bank, but the details of each payment will be printed on my bank statement or any accompanying voucher. (This does not apply where it is not customary for banks to furnish bank statements, e.g. savings accounts or transmission accounts).

Furthermore, I declare that the above-mentioned information is correct and complete in every respect and that FEM will not be held liable for any incorrect payment which might arise due to incorrect/ incomplete information supplied by me.

PENSIONER/CLAIMANT'S SIGNATURE: DATE: _____

THE ONUS RESTS WITH YOU, THE CLAIMANT, TO NOTIFY OUR OFFICES OF ALL CHANGES TO YOUR PERSONAL BANKING DETAILS. WE CANNOT BE HELD RESPONSIBLE FOR ANY INCORRECT DEPOSITS MADE AFTER RECEIPT OF THE ABOVE.

