



WIDOWS AND ORPHANS FUND

TEL: (012) 348 1557

FAX: 012 348 1168

EMAIL: vienie@wofund.org.za, roween@wofund.org.za, wilma@wofund.org.za, reception@wofund.org.za,

APPLICATION FOR PAYMENT OF GRANT INTO BANK ACCOUNT

I -----
 (Widow, Widower, Guardian)

Pof no							
--------	--	--	--	--	--	--	--

(FOR OFFICE USE)

Hereby request you to pay my grant into the following account, to the credit of my account at the under mentioned deposit institution until further notice.

1. Current Account (cheque)		2. Savings Account		3. Transmission Account	
-----------------------------	--	--------------------	--	-------------------------	--

CONTROL BRANCH AND CONTROL BRANCH CODE WHICH CONTROLS YOUR ACCOUNT

--	--	--	--	--	--	--	--

ACCOUNT NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--

Your newest Postal address	Your newest residential address

I certify that the above information is correct Signature of person receiving the grant	Date stamp of Bank Information is correct
--	--