HR101a	BANK MANDATE FORM	AFFORDABLE BENEFITS COMPANY (PTY)							
		<u>LTD</u>							
A: TO BE COMPLETED BY THE EMPLOYEE									

l,																		
(full name and surname of employee)																		
IDENTITY NUMBER										,					-			
EMPLOYED AT:				AFFORDABLE BENEFITS COMPANY (PTY) LTD														
	Hereby authorise the Company to pay my Salary, into the under-mentioned bank account.																	
I understand that this will ONLY be done if my bank stamp and approve that I am the Account Holder of the nominated account mentioned below.																		
DATE	D	D	/	M	M	/	Υ	Υ	SIGNATURE									
CITY/T	CITY/TOWN								310	INATU	KE							
	B: TO BE COMPLETED BY THE BANK																	
NAME O	NAME OF ACCOUNT HOLDER:																	
NAME OF BANK:																		
ACCOUNT NUMBER:																		
BRANCH CODE:																		
ACCOUNT TYPE:			CHEQUE			SAVINGS		TRANSMISS			SION							
I declare that the BANK ACCOUNT information above is current and complete in every aspect and that AFFORDABLE BENEFITS COMPANY (PTY) LTD will not be held liable for any incorrect payments which might arise due to incorrect/ incomplete information supplied by me.																		
NAME OF BANK OFFICIAL					Ī							T						
DATE	D	D	1	M	M	/	Υ	Υ	SIGNATURE									
CITY/TOWN								310	J. 1741 U									

BANK OFFICIAL STAMP: