Government Employees Pension Fund (GEPF)									GEPF USE ONLY - GEPF STAMPS											Z894 - FOREIGN BANKS																		
BANK FORM - PAYMENT TO FOREIGN ACCOUNTS											BAR CODE																											
Private Bag x6334 Hamilton StreetPretoriaArcadiaSOUTH AFRICAPretoria0001Pretoria																					Call Centre : 0800 117 669 E-mail :enquiries@gepf. co.za Website :www.gepf.co.za																	
· · · · · · · · · · · · · · · · · · ·														npleted by the bank as confirmation of your ban											king	j p	arti	cul	lars	;		-						
A) PARTICULARS OF THE MEMBER OR PENSIONER (Compulsory)																																						
1. Pension or CP number											2.	Date	e of b	rth	С	С	Υ	Y	M	M	D	D	1							3.	Title	Э						
4. Surname																									Τ			T					Γ	Τ	Т			
5. First Name																							Ì										Ē	L	L		]	
6. Initials					1														7. M	embe	er tax	k no											Τ	Τ	Τ		]	
8. ID number		9. Passp												oort I	ort No.																							
B) BANKING DETAILS OF THE ACCOUNT HOLDER (This section must be completed by the BANK) (Compulsory)																																						
1. Account Holder Name																																						
2. Account Number																																						
3. Name of Bank																																						
4. Branch Name																																						
5. IBAN Number																																						
6. SWIFT Code																	7	. IFS	C Co	de																		
8. SORT / ROUTING Code												9.	BIC c	ode																								
10. Universal Branch Code																	1	1. Br	anch	Tel N	ło	0	0	0	DI	Ε												
12. Branch E-Mail																																						
																																					]	
Surname of Bar	Surname of Bank Official Initials															7						(			al E	Dat	е											
Signature of Bank Official																						St	ar	np	of	Ba	nk											
C) PREVIOUS BANKING DETAILS OF MEMBER OR PENSIONER (required if account details are														re be										—		т												
1. Acc holder name				<u> </u>																													╧	Ļ	Ļ		ļ	
2. Name of bank	Щ																																Ţ	$\perp$	$\perp$			
3. Branch name																														1			Ļ	_	Ļ			
4. Account No.																			:	5. Br	anch	code	•														<u> </u>	
D) DECLARATION To be completed by the beneficiary (i.e. Pensioner / Member / Beneficiary) I CONFIRM THAT THE ABOVE DETAILS ARE CORRECT:																																						
	I CONFIRM THAT THE ABOVE DETAILS ARE CORRECT:																																					
Signature (Com	oulsc	ory)									I											Т	hur	nb	prir	nt (	of b	en	efic	iar	<b>v</b> ((	Com	pul	sory	)			
Date	С	С	Y	Y	M	M	D	D	]													Ċe	ell No	-					[						İ			
Email address																					Ι			Ī								Ē	Ī	Ī	Ī		]	
Residential address																																	Ī	Ī	Ī			
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The GEPF respects privacy and personal information of its members and pensioners and therefore subscribes to the provisions of the Protection of Personal Information Act 4 of 2013. Visit www.gepf.co.za to view GEPF Privacy Policy and Privacy statement.