

Form No: TLF-FIN1.1 Version: v2 **Date:** Oct 2012

Dept: SAC

BANK DETAIL INFORMATION (compulsory)

(To be handed in at Payroll or HR Offices)

YOUR MONTHLY NETT SALARY WILL BE PAID INTO THE BANK ACCOUNT AS INDICATED BELOW NB:

- The entire form must be completed in full and duly signed before it is submitted to the Payroll / Human Resources Departments
- Your Personnel/ ID/Passport No's are of the utmost importance PLEASE DO NOT OMIT
- Verify your Account No. and Branch Code with your bank before submitting the form.
- Incorrect information can lead to your salary being paid into the incorrect account and the Payroll Department will not be held responsible for it.
- The ITS Payroll system does not make provision for payments into Credit Card Accounts, Foreign Accounts or payments into multiple accounts.

SECTION A	EMPLOYI	EE'S DET	ΓAIL								
Staff No											
Surname											
First Names											
Identity /Passport No											
Tax Reference Number											
SECTION B	BANK AC	COUNT	DETAIL	S							
Type of Account	Current/Cheq Acc Savings /			vings A	\cc			Transmission Acc			
Account No											
Name of Bank											
Branch Name											
Branch Code											
	Own Acc		Joint Ac	c *		Third	l Party	y Acc	· (*Section	on C)
SECTION C	THIRD PA	ARTY AC	COUNT	HOLI	DER'S	S DE	TAIL	.S			
SECTION C SHOULD BE COMPLETED AND SIGN					DER'S	S DE	TAIL	.S			
					DER'	S DE	TAIL	S			
SHOULD BE COMPLETED AND SIG					DER'S	S DE	TAIL	S			
SHOULD BE COMPLETED AND SIGNACCOUNT Holder's Name Account Holder's Relationship					DER'	S DE	TAIL	S			
SHOULD BE COMPLETED AND SIGNACCOUNT Holder's Name					DER'S		TAIL	S			
SHOULD BE COMPLETED AND SIGNACCOUNT Holder's Name Account Holder's Relationship Account Holders Signature: Date:	NED ONLY IF IT IS N	IOT YOUR C	DWN ACC	OUNT	20		TAIL	S			
SHOULD BE COMPLETED AND SIGNACCOUNT Holder's Name Account Holder's Relationship Account Holders Signature:	DECLAR	ATION AN	DWN ACC	OUNT	20		TAIL	S			
SHOULD BE COMPLETED AND SIGNACCOUNT Holder'S Name Account Holder'S Relationship Account Holders Signature: Date:	DECLAR	ATION AN	DWN ACC	OUNT	20		TAIL	S			
SHOULD BE COMPLETED AND SIGNACCOUNT Holder'S Name Account Holder'S Relationship Account Holders Signature: Date: SECTION D I CERTIFY THAT THE ABOVE DE	DECLAR	ATION AN	DWN ACC	OUNT	20		TAIL	.S			
SHOULD BE COMPLETED AND SIGNACCOUNT Holder'S Name Account Holder'S Relationship Account Holders Signature: Date: SECTION D I CERTIFY THAT THE ABOVE DETERMINED	DECLAR	ATION AN	DWN ACC	OUNT	20 DET/	AIL	TAIL		ntion _		
SHOULD BE COMPLETED AND SIGNACCOUNT Holder'S Name Account Holder'S Relationship Account Holders Signature: Date: SECTION D I CERTIFY THAT THE ABOVE DEED Employee'S Signature: Date:	DECLAR	ATION AN	ND CON	OUNT	20 DET/	AIL			ntion _		