UNEMPLOYMENT INSURANCE FUND

APPLICATION TO PAY BENEFITS INTO BANKING ACCOUNT

The Unemploymen	t Insurance Co	ommissio	ner/Cl	aims	Officer							
Ι,		(Full n	ame and	surna	me in block	letters				,		
Identity number		(Tun in	anie unu	sarria	ine in bioer	(icticis)						
1 1	/ 1				1 0:			<u> </u>	1			
hereby request/ins Bank/Building Soci		se you	to pay	my	benefits,	if app	proved,	into my	underm	entione		
I understand that the known as ACB Mag my bank, but detail is not customary for	netic Tape Se s of each payn	rvice, and nent will	d I also be prin	unde ited o	rstand tha n my banl	t no de k stater	tails of p nent. (7	ayment w This does 1	rill be pro not apply	vided b where		
This authority may	be cancelled b	y me by	giving t	hirty	days notic	ce in w	riting.					
NB: Documentar must be attached		ank acc	count ((eg. l	Bank stat	emen	t, ATM	slip, can	celled c	cheque		
Signature of applica	ignature of applicant				- Date							
======= To be completed	ONLV by 41	=====	==== /Duild	===	===== Society	====	====	=====	=====	====:		
Name of account he										_		
Branch code			Acc	ount	number							
Indicate with an "X"	,											
Savings account		Curr	ent acc	ount			Trans	mission a	ccount			
Other:		Spec	cify:									
I declare that the Unemployment In might arise due to	surance Con	mission	er will	not	be held l	iable j	for any					
Information supplie	d by: (Name o	of Bank (Official)									
Signature of Bank C	Official		_					Bank O	fficial Stai	mp		