



employment & labour

Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA



UNEMPLOYMENT INSURANCE FUND AUTHORISATION TO PAY BENEFITS INTO BANKING ACCOUNT

To be completed by the Financial Institution (Bank/Post Office)

NB: Please note that no corrections on this form would be accepted.

Name of account holder: Octavia Rheedder
(Full name and surname in block letters)

Identity Document:

5 3 1 1 2 4 0 0 0 6 0 8 6

Name of Financial Institution: ABSA

Branch code:

6 3 2 0 0 5

Account number:

1 0 2 8 3 2 1 7 2 1

Indicate with an "X"

Savings account		Current account	<input checked="" type="checkbox"/>	Transmission account	
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Dormant

Active

I declare that the abovementioned information is current and complete in every aspect and that the Unemployment Insurance Commissioner will not be held liable for any incorrect payment which might arise due to incorrect/incomplete information supplied by me.

Mary Maluleka (Absa)

Information supplied by: (Name of Bank/Post Office Official)

Signature of Bank Official

Absa Bank Ltd

Pretoria

Cheq Proc Unit

2025 -10- 24

Enquiries 1 8995

62 45 52

Bank Official Stamp

Date: 24/10/2025

To be completed by the Applicant

The Unemployment Insurance Commissioner/Claims Officer

Octavia Rheedder
(Full name and surname in block letters)

Identity Document:

5 3 1 1 2 4 0 0 0 6 0 8 6

hereby request/instruct/authorise you to pay my benefits, if approved, into the abovementioned account held at the Financial Institution (Bank/Post Office), unless otherwise instructed in writing.

I declare that the information as furnished by the abovementioned Financial Institution is to my knowledge accurate and complete. I indemnify the UIC of any liability in the event of payment being made into the provided banking account should this account be incorrect or incomplete.

Signature of Applicant

24/10/2025

Date