



P.O. Box 4469, MBABANE, ESWATINI
TEL: (+268) 24119000/ TOLLFREE 800 2401/email: info@pspf.co.sz
 /pspfeswatini  @pspf_eswatini

BANKING DETAILS DIRECTIVE

EMPLOYMENT/ PENSION# _____

I, the undersigned, Mr./Mrs./Ms. _____ hereby authorise the Public Service Pensions Fund (herein referred to as 'the Fund'), to deposit my pension payments, or any other payment which may become payable to me, in my bank account as furnished by my Bank below.

If while executing this authority, the Fund discovers to have wrongly deposited any money into my account, I authorise the Fund to communicate with my Bank regarding recouping those wrongly deposited funds. I do hereby further authorise my Bank to credit the Fund with any balance on my account in the above event.

Any revocation by me in writing shall be effective on notification and agreement with the Fund.

Signature: _____ Graded Tax No.: _____

ID No.: _____ (*attach certified copy*)

Email Address: _____

Cellphone No.: _____ Alternative Contact No.: _____

Postal Address: _____ Date: _____

We at _____ (*Name of Bank*) hereby confirm that the above person has an account with us as furnished below. We agree to the above terms and conditions.

Bank Account Details:

Account Holder : _____

Account Number : _____

Account Type : _____

Branch Name & Code : _____

(Please attach a stamped bank account statement or account printout)

Given under my hand at _____ on the _____ day of _____ 20 _____

Signature: _____

Name: _____

Designation: _____

Bank Stamp