# BANKING DETAILS FOR THE PAYMENT OF ALLOWANCES

**Note: Must be completed if the Student would like his/her allowances paid into their Bank Account**

| Personal Details of Student | |
|---|---|
| Surname | |
| Full names | |
| ID Number | |
| Student Number | |

| | | | |
|---|---|---|---|
| Residential Address | | | |
| | | | |
| | | Code | |

| | |
|---|---|
| | |
| Cellphone No. | |

I, the above mentioned Student, hereby confirm that my details are true and correct and that I hereby consent without prejudice, as the true account holder of this account and to the following conditions:

| | |
|---|---|
| 1 | WSU can verify my details with my bank at any time. |
| 2 | I am the approved recipient of these allowances from NSAFS |
| 3 | I confirm that the account is in my name, and is not a joint account. |

| | |
|---|---|
| | **Date** C C Y Y M M D D |
| **Signature of Student / Applicant** | |

| Banking details (To be stamped by the bank) | | | |
|---|---|---|---|
| Name of Bank | | | |
| Postal Address | | | |
| | | Code | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Branch Code | | | | | | | | | Type of Account | | Cheque | | Savings | | Transmission | | | | | | | | |

| | |
|---|---|
| Account Number | |
| Name of Account Holder | |
| Date | C C Y Y M M D D |

BANK STAMP

*Alternatively, please submit a copy of your bank statement*