

APPLICATION FOR TRANSFER OF UNCLAIMED FUNDS

Old Account Number	
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All fields must be completed

Details of the Applicant (For Groups and Individuals)

Surname or Group Name		Title	
Full Names			
Identity Number 1st		Date of Birth	Y Y Y Y M M D D
Identity Number 2nd		Date of Birth	Y Y Y Y M M D D
Contact Numbers 1st	Cell	Business	Home
Contact Numbers 2nd	Cell	Business	Home
Residential Address			
		Postal Code	
Postal Address			
		Postal Code	

New Banking Details

Bank Name	Branch Name	Branch Code	
Account Number		Account Type	Savings Cheque
Bank Confirmation			Bank Date stamp
Bank statement of an external bank (where applicable) must be attached			
Name of Bank Official			
Account details Verified Correct	Yes	Signature of Bank official	

Postbank cannot be held responsible for any loss whatsoever where incorrect account details was provided.

A prescribed fee for administration of Unclaimed Funds will be charged from the account.

Signature(s) of Account holder(s) 1st _____ 2nd _____ Date _____

CERTIFIED/ORIGINAL DOCUMENTS REQUIRED BY POSTBANK

The application form and the applicable certified supporting documents can be faxed to 051 451 2384 or emailed to PB.AccountAdmin@postbank.co.za

- ❖ ID of account holder(s)
- ❖ Stamped External Bank statement of the account holder(s)
- ❖ Proof of Residential Address - not older than 3 months (only if a new Postbank Account was opened)
- ❖ Smart Save book (if applicable) - Available Not available
- ❖ Flexi, Mzansi or Aspire card (if applicable) – Available Not available

I / We, _____ (Account holder(s) declare herewith that the above listed documents were originally certified and can be made available for investigation if need be.

Signature(s) of Account holder(s) 1st _____ 2nd _____ Date _____

Postbank Office Use												
Postbank File number												
Prepared by				Rank				Signature			Date	
Approved by				Rank				Signature			Date	