



NATIONAL PENSION SCHEME AUTHORITY

DECLARATION OF BANK DETAILS

A. CLAIMANT'S DETAILS (Names as on NRC)

NAME:.....

NRC:...../...../.....

SOCIAL SECURITY NUMBER.....

BANK

ACCOUNT NUMBER.....

BRANCH.....

CONTACT NUMBER.....

PHYSICAL HOME ADDRESS.....

INDEMNITY

I do hereby confirm that the bank details given above are true and correct, I will take full responsibility for any erroneous bank details given above and come back to NAPSA offices upon being paid my benefits to collect and sign a payment voucher acknowledging receipt of the benefit paid.

SIGNATURE:..... DATEDD/MM/YYYY

THUMB
PRINT

B. FOR BANK USE (To Be Completed By A Bank official ONLY if the Account is Active)

VERIFICATION OF BANK DETAILS

ACCOUNT NAME:.....

ACCOUNT NUMBER:..... SORT CODE (Bank;Area;Branch)

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BRANCH NAME:.....

FORM COMPLETED BY(Name):

DESIGNATION:.....

SIGNATURE:.....

Date :.....

OFFICIAL
STAMP

C. FOR NAPSA OFFICIAL USE

NAME:..... MAN NO.:.....

SIGNATURE..... DATE:.....