

(CONFIDENTIAL DOCUMENT)

EMPLOYER INFORMATION

EMPLOYER NAME	
EMPLOYER ADDRESS	
EMPLOYER CONTACT	
DIRECTION TO WORKPLACE	

PREFERRED BANK DETAILS

ACCOUNT NUMBER	
ACCOUNT NAME	
BANK NAME	
BRANCH	

WITNESS BY:.....

SIGN.....

ADDRESS:.....

DATE.....

SIGNATURE OF APPLICANT.....

DATE.....

REGISTRATION DATE:.....

FOR OFFICIAL USE

APPROVAL BY BOARD OF DIRECTORS

CHAIRMAN'S SIGNATURE:.....

SECRETARY'S SIGNATURE:.....

CHEQUE CLEARING MANDATE FORM

ACCOUNT NAME:.....

ACCOUNT NUMBER:.....

MANDATE

CALL TO CONFIRM BEFORE HONOUR PAYMENT YES NO

NAME:.....

SIGNATURE
BOXES

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DATE:.....

NOTE: CHEQUES CANNOT BE HONOURED ON WEEKENDS AND HOLIDAYS