

Mandate for Payment of In-Hospital Benefit

FOR

**SOUTH AFRICAN LOCAL AUTHORITIES PENSION FUND
MEMBERS**



NOTE: The completed Mandate for Payment of the Accidental In-Hospital Benefit to be faxed by the Employer to:

Prosperity Management *Africa* (Pty) Ltd: **Fax no 0866840305**

MANDATE FOR PAYMENT OF IN-HOSPITAL BENEFIT

1. FUND DETAILS

Name of Fund: South African Local Authorities Pension Fund

2. PAYEE'S DETAILS

Surname		Initials	
Identity Number			

3. BANK ACCOUNT DETAILS

Account Holder			
Name of Bank			
Branch			
Account Number			
Branch code		Account Type	

Please note that it is important that all the information submitted on this form are correct, as Prosperity Management Africa (Pty) Ltd will accept no responsibility for any loss or damage arising out of the supply of incorrect information.

Date

Date

Signature of Payee

Countersigned / Stamped by Bank