REF No 401

Mandate for Payment of In-Hospital Benefit

FOR

SOUTH AFRICAN LOCAL AUTHORITIES PENSION FUND MEMBERS

The completed form together with the supporting documents, must be sent via email by the

Employer to:

riskclaims@fairsure.co.za

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