



RFLAUN

Retirement Fund for Local Authorities
and Utility Services in Namibia

Income Tax Ref. No.12/1/12/187 Registration No 25/7/7/107

VERIFICATION OF BANK DETAILS FORM-3RD PARTY (ORGANISATION)

Organisation's registered name: _____

The undersigned hereby guarantees that the banking details contained in this document are those of the above stated organisation and that all information contained in this document has been verified to be factually true and correct.

These banking details will be used for any payments to the organisation. Should these banking details change, this document must be completed, signed and stamped again in order to verify and confirm the new details.

Account name: _____

Bank: _____

Branch name: _____

Branch code: _____

Account number: _____

Account type: _____

AUTHORISED SIGNATURE & NAME

NAME

SIGNATURE

DATE (ON WHICH SIGNED)

DESIGNATION / CORPORATE TITLE

DATE

Bank stamp



Signature of Bank official

Date (on which bank signed and stamp)
