

**ZIMBABWE**

**Beneficiary Mandate**  
**APPLICATION FOR RECEIPT OF PAYMENT VIA DIRECT BANK TRANSFER**  
(Note - Each field on the mandate form must be completed. Please ensure full address details are shown).

Part 1 Beneficiary Details

Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_  
Address \_\_\_\_\_  
Tel No or Email Address \_\_\_\_\_  
Reference Number

Part 2 Account details

**Please note you must fill in ALL details requested in this section, failure to do so WILL result in a delay in processing your pension.**

Name & Address of Bank

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BIC or SWIFT Code

\_\_\_\_\_

A **7-figure bank code**, followed by a maximum **15-figure account number** (leading zero's which form part of the account number must be shown).

Bank Code: 

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Account Number: 

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Please contact your bank or financial institution if you require clarification on the above banking requirements. Alternatively, If possible, please forward a void cheque or deposit slip (to CAPITA). Please check that the type of account you have supplied accepts direct payments from overseas.

The account is in the name of

Part 3 Please read and sign below

I confirm that the information supplied above is correct and wish my payment to be paid by Direct Credit transfer to the account quoted above.

Signature

Date