

Consent for Disbursement of Benefits

I hereby give my consent for the disbursement of benefits as indicated below. I understand the terms and conditions governing the disbursement and confirm that the information provided is true and correct to the best of my knowledge.

Full Name:

ID Number:

Type of Benefit:

Bank Account Details:

Signature:

Date:

☐ I have read and understood the above, and I give my consent for the disbursement of my benefits as specified.

Submit