

THE UNITED REPUBLIC OF TANZANIA
NATIONAL SOCIAL SECURITY FUND
PAYEE'S BANK INFORMATION FORM



A. PAYEE'S PARTICULARS *(To be Completed by the Payee)*

Payee Name:			
TIN:			
Postal Address:			
Telephone:		E-mail:	

B. BANK INFORMATION *(To be Completed by the Payee)*

Bank Name:			
Branch:		Swift/IBAN:	
Account Name:			
Account Number:			

I declare that the above information is correct to the best of my knowledge.

Name:		Designation: (If an entity)	
Signature:		Date:	

C. BANK CERTIFICATION *(To be Completed by the Payee's Bank)*

Account Name:	<input type="checkbox"/> Correct	<input type="checkbox"/> Not Correct	
Account Number:	<input type="checkbox"/> Correct	<input type="checkbox"/> Not Correct	
Account Status:	<input type="checkbox"/> Active	<input type="checkbox"/> Dormant	<input type="checkbox"/> Closed
Any Comment:			

Official Stamp (If an entity):	
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Bank Officer's Name:		Designation:	
Signature:		Date:	