SENTINEL
Retirement Fund

CHANGE OF BANKING DETAILS

Industry Number	

BANK DETAILS

(All alterations must be signed by applicant and bank official)

To be verified by Bank Official as correct and active and belonging to the Applicant.

Surname	
Initials	
ID/Passport Number	
Name of Bank	
Branch Name	
Branch Code	
Account number	
Type of account	Savings ☐ Cheque ☐
Date opened (YYYYMMDD)	Y Y Y Y M M D D

CONTACT DETAILS OF APPLICANT

Tel No	Code		Number	
E-Mail				

PLEASE INDICATE THE PREFERRED METHOD OF COMMUNICATION BY THE FUND BY TICKING THE APPLICABLE BLOCK

SMS	☐	E-MAIL	☐	TELEPHONIC	☐	POSTAL	☐

Signature of Account Holder	Initials and Surname of Bank Official
	Signature of Bank Official
	OFFICIAL STAMP OF BANK
Date (YYYYMMDD)	
Y Y Y Y M M D D	

IMPORTANT : DOCUMENTARY REQUIREMENTS CHECKLIST

1	Copy of Identity Document / Passport	☐

Please send your application form and required documents to :
Sentinel Retirement Fund,
Post : P O Box 61172, Marshalltown, 2107, Fax : (011) 481-8111, E-mail : info@sentinel.za.com