

2. Paypoint name	3. Paypoint name	4. Paypoint name
Name of payroll servicer	Name of payroll servicer	Name of payroll servicer
Email address of payroll servicer	Email address of payroll servicer	Email address of payroll servicer
Name of payroll authoriser	Name of payroll authoriser	Name of payroll authoriser
Email address of payroll authoriser	Email address of payroll authoriser	Email address of payroll authoriser

The authorisation of access to the payroll system for Payroll Personnel is provided on separate form.

Please indicate whether this request is a:

<input type="checkbox"/> New application OR	<input type="checkbox"/> New application OR	<input type="checkbox"/> New application OR
<input type="checkbox"/> Reactivation (payments have been made via authorised collection in the past) OR	<input type="checkbox"/> Reactivation (payments have been made via authorised collection in the past) OR	<input type="checkbox"/> Reactivation (payments have been made via authorised collection in the past) OR
<input type="checkbox"/> Notification of change in banking details	<input type="checkbox"/> Notification of change in banking details	<input type="checkbox"/> Notification of change in banking details

Collection date

<input type="text" value="D D"/> Monthly collection date*	<input type="text" value="D D"/> Monthly collection date*	<input type="text" value="D D"/> Monthly collection date*
Is auto billing applicable? ** <input type="checkbox"/> Yes <input type="checkbox"/> No	Is auto billing applicable? ** <input type="checkbox"/> Yes <input type="checkbox"/> No	Is auto billing applicable? ** <input type="checkbox"/> Yes <input type="checkbox"/> No
Estimate of monthly contribution amount <input type="text" value="R"/>	Estimate of monthly contribution amount <input type="text" value="R"/>	Estimate of monthly contribution amount <input type="text" value="R"/>
If this amount exceeds R1 million, please complete and submit the relevant bank's mandate form.	If this amount exceeds R1 million, please complete and submit the relevant bank's mandate form.	If this amount exceeds R1 million, please complete and submit the relevant bank's mandate form.

* The above monthly collection date **cannot be later than the 6th** following the due month to allow Old Mutual sufficient time to process the authorised collection. The data file must therefore be **submitted and authorised** online by no later than the above selected collection date.

**Old Mutual will automatically bill on the previous month's payroll data. New schemes will always require the submission of the first month's payroll data.

Bank details. The details of the bank account of the Participating Employer for purposes of this authorisation are as follows:

Name of account holder	Name of account holder	Name of account holder
Name of bank	Name of bank	Name of bank
Branch name	Branch name	Branch name
Branch code	Branch code	Branch code
Account number	Account number	Account number
Type of account: <input type="checkbox"/> Current <input type="checkbox"/> Savings	Type of account: <input type="checkbox"/> Current <input type="checkbox"/> Savings	Type of account: <input type="checkbox"/> Current <input type="checkbox"/> Savings

Kindly provide **proof of banking details** (cancelled cheque OR copy of a bank statement stamped by your bank OR a stamped letter from your bank verifying the account details OR your bank signing and stamping this page).



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