

# Postbank Term Deposit Redemption

Customer Care Line: 0800 53 54 55



**Surname(s)/Group Name**

**Full Names**

**Identity number**

**2<sup>nd</sup> Identity number**

**3<sup>rd</sup> Identity number**

**Residential/Postal Address**

**Postal Code**

**Contact telephone no**

**Email address**

	Account number	Full/Partial Redemption	Amount required	Amount Payable
1				
2				
3				
4				
5				
	<b>Authority Number (If above the threshold)</b>		<b>Total amount payable</b>	

Amount payable in words \_\_\_\_\_

Signature(s) 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

**Banking details for electronic funds transfer**

Banking Details (Transfers to Banks outside South Africa are not allowed)									
Bank Name	Branch Name	Branch Code			Account Type	Savings	Cheque		
<input style="width: 65px;" type="text"/>	<input style="width: 65px;" type="text"/>	<input style="width: 35px;" type="text"/>	<input style="width: 35px;" type="text"/>	<input style="width: 35px;" type="text"/>	<input style="width: 35px;" type="text"/>	<input style="width: 35px;" type="text"/>	<input style="width: 35px;" type="text"/>		
<b>Account Number</b>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
<b>Bank Confirmation/Account Statement</b> (Form must be stamped by the Bank or a bank statement must be attached)							<b>Bank Date stamp</b>		
<b>Account Details Verified Correct</b>	<b>Yes</b>	<b>Signature of Bank Official</b>							

*Postbank cannot be held responsible for any loss whatsoever in instances where incorrect account details are provided*

**CERTIFIED DOCUMENT(S) REQUIRED BY POSTBANK**

1. Proof of Identity – (Account holder, Parent, Grandparent or Court appointed guardian (where applicable, Proxy, etc)
2. TDCA's – If not in possession complete the Application for Duplicate TDCA
3. Supporting documents – (when a Court appointed a guardian, Special Power of Attorney, etc.)
4. Bank stamped statement in the name of the account holder when funds will be transferred to an external bank account.

Please email this form and the following certified documents to: [CustomerAdmin@postbank.co.za](mailto:CustomerAdmin@postbank.co.za)

**POSTBANK USE ONLY**

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**Initiator (Initials & Surname)**

**Authorizer (Initials & Surname)**

Authorization may only be granted according to applicable DOA