



APPLICATION FOR CASH PAYMENT

All fields are mandatory and must be completed

PERSONAL DETAILS															WORK DETAILS											
Mrs/Ms/Mr:			Initials:			Surname:									Occupation/Job:											
First Name:			Name by which you are known:												Company or employer's name:											
Marital status:			Married			Single			Divorced			Widowed			Work Tel no:		Dialing code:		No:			Ext.				
South African Identity Number			Birth date (DDMMYY)						Employee /clock no:		Are you a contract worker?		Y		N		Contract expiry date (DDMMYY)		Number of years at present company:		Number of years at previous company:					
Highest level of education:			Matric or below		Certificate		Diploma		Degree or higher		Other			Manager/ Supervisors Name:												
Home no.(if no home telephone number, provide alternative no)															FAMILY DETAILS											
Dialling Code			No:			Home			Alt			Please supply details of a family member:														
Cell No			Language preferred when we write to you						Eng		Afr		Husband		Wife		Father		Mother		Guardian					
E-mail:															Mrs/Mr/Ms:		First Name:					Surname:				
Postal address					Home address (not a box number)										Dialing Code:		No:		Work		Home		Cell			
Code:					Code:										Gross monthly income/allowance of husband or wife: R											
Do you live:															PERSONAL REFERENCE											
In own home		In rented home		In hostel		With parents		With employer		Other			Friend/relative (not living with you):													
Motor vehicle registration Number:															Mrs/Mr/Ms:		First Name:					Surname:				
BANK DETAILS															Dialing Code:		No:		Work		Home		Cell			
Bank:															By signing below I acknowledge that I have read, understood and accepted LMCR terms and conditions and confirm that the information provided herein is true, complete and correct.											
Bank account no:										Years held:																
Branch Code:																										
Credit card no:																										
Expiry Date:																										
MONTHLY INCOME															Signature _____ Date _____											
Monthly salary before deductions:										R																
Other Monthly Income (eg. Secondary jobs, allowances, rental income or any other income)										R																

- Identity document
- Latest Pay Slip
- Valid Drivers License