

Payment Request Form

Send this form with your FIRST work sheets!!!

MEMBERS THAT ARE UNABLE ATTACH THIS FORM VIA EMAIL MAY SUPPLY US WITH THE RELEVANT
INFORMATION DIRECTLY IN THE EMAIL MESSAGE.

Fax to: 086 654 5312 or Email to: support@tissa.co.za

Personal details: Name: _______ Reference Number: D______ Address: _______ Postal Code: ______ Cell number: ______ Email: ______ Banking details for your monthly payment: Bank: ______ Branch Code: _______ (6 digits) Account Number: _______ Type of account: _______ (Cheque, Savings, Transmission etc.)

Please read your handbook very carefully to avoid non-payments and/ or delays.















