Head Office Only



Instructions o	n completing	the Entity Form:
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- 1. SECTIONS C TO F TO BE COMPLETED BY SUPPLIER.
- 2. SECTIONS A; B & G TO BE COMPLETED BY REGIONAL / PROVINCIAL / HEAD OFFICE.
- 3. # DENOTES A FIELD TO BE VERIFIED BY YOUR BANK.

SECTION A	SYSTEM REGISTRATION
iE-Works	Rates and Taxes SCOA
HEAD OFFICE PROVINCE REGION	
L	(If Province or Region, specify the name)
SECTION B	REGISTRATION DETAILS
New Suppli	er Update Supplier information
SECTION C	REGISTRATION DETAILS
VAT Number	
SECTION D	PERSONAL DETAILS
	filled in by individual or on behalf of an entity to whom the department should pay
Registered Name Trading Name Title:	#
Initials:	
First Names:	
Last Name:	

	Page 2 of3	
SECTION E	ADDRESS DETAILS	
Payment Address (Compulsory)	3	
Postal Code Postal Address:		
Postal Code:		
Street Address:		
Postal Code:		

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Business	Area Code	Telephone Number	Extension
Home	Area Code	Telephone Number	
Fax	Area Code	Fax Number	
Cell	Cell Code	Cell Number	
Email Address			

Municipality	HO / Provincial / Regional Office Coordinator	HO / Provincial / Regional Office Sender
Print Name	Print Name	Print Name
Rank	Rank	Rank
Telephone Number / / Date (dd/mm/yyyy)	Telephone Number / / Date (dd/mm/yyyy)	Telephone Number / / Date (dd/mm/yyyy)

National Department of Public Works	Page 3 of 3
Supplier Maintenance: Bank Details	
Supplier Name:	
HOD / The Director General : National Department of Public Works / Provincial Department I/We hereby request and authorize you to pay any amounts which accrue to me/us to the credit of my/our account with the mentioned bank.	
I/We understand that the credit transfers hereby authorised will be processed by computer through a system known as the "ACB ELECTRONIC FUND TRANSFER SERVICE", and I/we also understand that no additional advice of payment will be provided by my/our bank, but details of each payment will be printed on my/our bank statement or any accompanying voucher. (This does not apply where it is not customary for banks to furnish bank statements). I/we understand that a payment advice will be supplied by the Department in the normal way, and that it will	
indicate the date on which funds will be available in my/our account. This authority may be cancelled by me/us by giving thirty days notice by prepaid registered post.	
Initial and Surname Authorised Signature Date dd/mm/yyy	
NB. Only original signed forms will be accepted. No exceptions will be made.	
Registered Name #	
Co. Registration No. #	
Account Holder #	
Name of Bank: #	
Name of Branch: #	
Branch Code: #	
Account Number: #	
Type of Account # Current Account 1 Other (please specify)	
Savings Account 2	
Transmission Account 3	
Bond Account 4	
It is hereby confirmed that these details have been verified against the following screens: Bank Stamp Here ABSA-CIF Screen	
FNB-Hogans system on the CIS4	
STD Bank-Look up screen Nedbank-Banking Platform under the Client Details Tab	
Other Banks-Client Information Screen NB: IT IS THE RESPONSIBILITY OF THE SUPPLIER TO ENSURE THAT DETAILS PROVIDED Bank Official Name:	

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