

ENTITY MAINTENANCE FORM

PART 1: DEPARTMENTAL INFORMATION

DEPARTMENT OF:

DEPARTMENT SIGNATURE:

LOGIS SUPPLIER NUMBER:

Name in print:

Tel. Nr.:.....

Date:

PART 2: ENTITY DETAILS

COMPANY'S FULL TRADING NAME:

Must be same as account name

(please print clearly)

BUSINESS REGISTRATION NUMBER

OR SMME NUMBER

Year			Number						Type

VAT NUMBER

IDENTITY/PASSPORT/PERSONAL NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--

BUSINESS ADDRESS:

(Physical Address)

Number & St:

Suburb:

City:

Code:

PAYMENT/POSTAL ADDRESS:

P.O.Box/St

Suburb:

City:

Code:

Telephone and area code: ()

Fax number and area code: ()

Cellular phone number:

e-mail address:

BENEFICIARY DETAILS:

1. NR TYPE

NUMBER

NAME

2. NR TYPE

NUMBER

NAME

SESSION DOCUMENTS ATTACHED (IF APPLICABLE)

YES

NO

SUPPLIER STATUS:

BEE

YES

NO

SMME

YES

NO

HDI

YES

NO

PART 3: ENTITY INFORMATION

- I/We hereby request and authorise 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 transfer hereby authorised will be processed by computer through a system known as the "ACB Electronic Fund 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 also understand that a payment advice will be supplied by the FSPG 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 day's notice by pre-paid/registered post.
- I / We will not hold the FSPG liable for any payment not made into our bank account if the bank account details are incorrect or were not supplied to the Department prior to payment.

Initials and Surname

Signature (Entity/CFO)

Date

DETAILS OF MY/OUR BANK ACCOUNT

Name of Bank	_____
Name of Branch	_____
Branch Code	_____
Account Name	_____
Account Number	_____
Account Type*	<input type="checkbox"/> If Cheque Account, attach a blank, cancelled cheque

*Please enter numeric value:

1 = Cheque Account

2 = Savings Account

3 = Transmission Account

4 = Bond Account

5 = (Not in use)

6 = Subscription Account

DATE STAMP OF BANK

FOR COMPLETION BY BANK OFFICIAL:

Bank account details are hereby certified as being correct:

Name:

ID Number:

Signature:

Bank

Official's

Detail

Account nr:

Branch code:

Type of account:

Entity's

Detail

SEE REVERSE SIDE FOR MORE DETAIL

Please complete this form in duplicate and forward it to:

1st original: Free State Provincial Treasury (Logis)
Private Bag X20537, Bloemfontein, 9300
For attention: Room **104/123**
Trustfontein Building (LOGIS PAYMENTS ONLY)

2nd Original: Free State Provincial Treasury (BAS)
Private Bag X20537, Bloemfontein, 9300
For attention: Room 415/416/409/414A/417
Provincial Government Building (BAS PAYMENTS ONLY)

(Return address to be completed by requesting department)

FOR INTERNAL USE ONLY

LOGIK Request | Signature | Date

LOGIS Supplier | Signature | Date

Filing Number: | Signature | Date

Authorised: | Signature | Date

Please select applicable block:

- NEW ENTITY
- UPDATE ENTITY
- DELETE ENTITY

NUMBER:

NUMBER TYPE: Department Nr.

Passport Nr.

ID Nr.

Supplier/Vat. Nr.

Persal Nr.

Other(Specify)

FMS Debt

Logis Supplier

NUMBER:

ENTITY TYPE: Employee

Department

Ex-Employee

Logis Supplier

Supplier

Other(Specify)

PAYMENT TYPE: DAILY:

WEEKLY: MONDAY TUESDAY WEDNESDAY

THURSDAY FRIDAY

MONTHLY: BEGINNING MIDDLE END

COMMENTS

CAPTURED BY:(USER SUPPORT)

DATE:

AUTHORISED BY: (SYSCON)

DATE: