

# ENTITY MAINTENANCE FORM

## PART 1: DEPARTMENTAL INFORMATION

DEPARTMENT OF: .....

DEPARTMENT SIGNATURE: .....

**BAS**

Name in print: .....

Tel. No.: .....

Date: .....

## PART 2: ENTITY DETAILS

### COMPANY/EMPLOYEE/ENTITY

*Must be same as account name*

\_\_\_\_\_

(please print clearly)

BUSINESS REGISTRATION NUMBER

OR SMME NUMBER

Year			Number					Type

VAT NUMBER

IDENTITY/PASSPORT/PERSAL NUMBER


BUSINESS ADDRESS:

Number & St:

(Physical Address)

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. NO. TYPE

NUMBER

NAME

2. NO. TYPE

NUMBER

NAME

CESSION 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.
- I / We hereby give my/our consent that authorised officials may verify my bank details at the Financial Institution.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### DETAILS OF MY/OUR BANK ACCOUNT

Name of Bank

Name of Branch

Branch Code

Name of Account Holder

Account Number

Account Type\*

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:

\_\_\_\_\_

Bank

ID Number:

\_\_\_\_\_

Official's

Signature:

\_\_\_\_\_

Detail

Account no:

\_\_\_\_\_

Entity's

Branch code:

\_\_\_\_\_

Detail

Type of account:

**SEE REVERSE SIDE FOR MORE DETAIL**

**Please complete this form in duplicate and forward it to:**

**Logis entity:** Free State Provincial Treasury (Logis)  
Private Bag X20537, Bloemfontein, 9300  
For attention: Room 104  
Trustfontein Building (LOGIS PAYMENTS ONLY)  
**2nd Original:** Department Name:  
Department Address:

**(Return address to be completed by requesting department)**

**FOR INTERNAL USE ONLY**

LOGIK Request No:      Signature      Date  
LOGIS Supplier No:      Signature      Date  
Filing Number:      Signature      Date  
Authorised:      Signature      Date

**Please select applicable block:**

- NEW ENTITY
- UPDATE ENTITY
- DELETE ENTITY

NUMBER:

- NUMBER TYPE:**  Department No.       Passport No.  
 ID No.       Supplier/Vat. No.  
 Pearsal No.       Other(Specify)  
 FMS Debt       Logis Supplier

NUMBER:

- ENTITY TYPE:**  Employee       Department  
 Ex-Employee       Logis Supplier  
 Supplier       Other(Specify)

1. Link Beneficiary

- PAYMENT TYPE:** DAILY:   
WEEKLY: MONDAY  TUESDAY  WEDNESDAY   
THURSDAY  FRIDAY   
MONTHLY: BEGINNING  MIDDLE  END

COMMENTS

CAPTURED BY:(USER SUPPORT)

DATE:

AUTHORISED BY: (SYSCON)

DATE: