

ENTITY MAINTENANCE FORM

PART 1: DEPARTMENTAL INFORMATION

DEPARTMENT OF:

DEPARTMENT SIGNATURE:

LOGIS

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

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

Initials and Surname

Signature (Entity/CFO)

Date

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:

ID Number:

Signature:

Account no:

Branch code:

Type of account:

Bank

Official's

Detail

Entity's

Detail

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.
 Persal No. 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

1. Link Beneficiary

COMMENTS

CAPTURED BY:(USER SUPPORT)

DATE:

AUTHORISED BY: (SYSCON)

DATE: