

BAS ENTITY MAINTENANCE FORM

Bank Details

1. DETAILS OF FIRM / INSTITUTION:

Name

Address

Postal code

Email address:

Contact Person: Tel. No.

Identity No.:

2. DECLARATION BY AUTHORISED ACCOUNT HOLDER

I/We hereby request and authorise you to pay any amounts which any 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 BANK 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.

Initials and Surname

Authorised Signature

Date dd/mm/yyyy

3. BANK DETAILS

Name of Bank

Name of Branch

Branch Code

Account Number

Type of Account Current Account Other (specify)

Savings Account

Transmission Account

CONFIRMATION BY BANK

We hereby confirm that the bank details under paragraph 3 of this form belongs to the institution mentioned under the same paragraph and that the authoriser of the declaration under 2 is the valid account holder

DATE STAMP OF BANK

BANK OFFICIAL

PRINT NAME:

SIGNATURE:

FOR OFFICE USE ONLY

System User Only

Bas Ref No.

Captured by:

Date captured:

Authorised by: