



**PROVINCIAL GOVERNMENT WESTERN CAPE
DEPARTMENT OF COMMUNITY SAFETY
BAS ENTITY MAINTENANCE
SUPPLIER BANK DETAILS**

1. DETAILS OF PERSON / COMPANY:

Account Name	
Trading as	
Postal Address	
Postal Code	
Name of Bank	
Name of Branch	
Branch Code	
Account Number	
Type of Account	<input type="checkbox"/> Current Account <input type="checkbox"/> Other (specify)
	<input type="checkbox"/> Savings Account
	<input type="checkbox"/> Transmission Account

2. CONFIRMATION BY BANK:

We hereby confirm that the bank details under paragraph 1 of this form belongs to the institution mentioned under the same paragraph and that the authoriser of the declaration under paragraph 3 is the valid account holder

DATE STAMP OF BANK

BANK OFFICIAL:

PRINT NAME: _____

SIGNATURE: _____

3. DECLARATION BY AUTHORISED ACCOUNT HOLDER:

I/We hereby request and authorise you to pay any amounts which may accrue to me/us to the credit of my/our above-mentioned account with the mentioned bank in paragraph 1.

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

E-mail address

Tel. No.