

BANKING DETAILS



Western Cape
Government
Cultural Affairs and Sport

PROVINCIAL GOVERNMENT WESTERN CAPE

BAS ENTITY MAINTENANCE

BANK DETAILS

DEPARTMENT

OFFICE

System User Only	
BAS Ref No.	<input type="text"/>
Captured By:	<input type="text"/>
Date Captured:	<input type="text"/>
Authorised By:	<input type="text"/>
Date Authorised:	<input type="text"/>

Bank Details

DETAILS OF FIRM / INSTITUTION:

Name

Address

E-mail address

Contact Person Tel. No.

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 know 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/ccyy

Name of Bank

Name of Branch

Branch Code

Account Number

Type of Account Current Account Other (specify)
 Savings Account
 Transmission Account

DATE STAMP OF BANK
BANK ACCOUNT PARTICULARS
CERTIFIED AS CORRECT

FOR OFFICE USE ONLY
APPROVED BY HEAD OF OFFICE
Print Name: <input type="text"/>
Signature: <input type="text"/>
Date: <input type="text"/>