

ENTITY MAINTENANCE FORM

PART 1: DEPARTMENTAL INFORMATION

DEPARTMENT OF:

DEPARTMENT SIGNATURE:

Name in print:

Tel. No.:

Date:

LOGIS SUPPLIER NUMBER:

PART 2: ENTITY DETAILS

COMPANY'S FULL TRADING NAME: _____

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.

Initials and Surname

Signature (Entity/CFO)

Date

DETAILS OF MY/OUR BANK ACCOUNT

Name of Bank _____

Name of Branch _____

Branch Code _____

Account Name _____

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: _____

Bank

Official's

Detail

Account no: _____

Branch code: _____

Type of account:

Entity's

Detail

SEE REVERSE SIDE FOR MORE DETAIL

Please complete this form in duplicate and forward it to:

1st original: Free State Provincial Treasury (Logis)
Private Bag X20537, Bloemfontein, 9300

For attention: Room 201
Trustfontein Building (LOGIS PAYMENTS ONLY)

2nd Original: Free State Provincial Treasury (BAS)
Private Bag X20537, Bloemfontein, 9300
For attention: Room 415/416/409/414A/41;
Provincial Government Building (BAS PAYMENTS ONLY)

(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

COMMENTS