

Annexure A

Department Check List

NAME

INSTRUCTIONS

1. This form should be fully completed and signed by the CFO of the department.
2. It should be accompanied by the original bank verification letter signed by the financial institution's official.
3. The bank stamp should not exceed three (3) months.

Subr
Official

Checked & Certified by
Entity Section

Head Office Approval

CFO Approval

Signature

Signature

Signature

Signature

RANK

RANK

RANK

Date

Date

Date

Date

EASTERN CAPE PROVINCE: DEPARTMENT OF EDUCATION
BAS ENTITY MAINTENANCE



update entity information

New entity information

SECTION A: PERSONAL DETAILS

NUMBER TYPE

NUMBER

SURNAME/BUSINESS NAME/DEPARTMENT NAME:

TITLE:

FIRST NAME:

INITIALS:

PAYMENT TYPE:

PAYMENT ADDRESS:

(COMPULSORY)

postal code:

SECTION B: ADDRESS COMPLETE

STREET ADDRESS:

postal code:

Postal address (if differs from your street address)

postal code:

SECTION C: TELEPHONE

Contact Person

Business

Area Code

Telephone Number

Extention

Fax



Province of the
EASTERN CAPE
DEPARTMENT OF EDUCATION

THE DIRECTOR GENERAL: DEPARTMENT OF _____

I/We hereby request and authorise you to pay amounts, which may 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 TRANSFER SERVICE", AND I/We also understand that no additional advise 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 advise 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.

The authority may be cancelled by me/us by giving thirty days notice by prepaid registered post.

Initials and Surname

Authorized Signature

Date

Name of Bank

Branch Code

Account Number

*Type of Bank

*Please enter numeric value:

- 1 = Cheque Account
- 2 = Transmission Account
- 3 = Saving Account

- 4 = Bond Account
- 5 = (Not in Use)
- 6 = Subscription Share Account

DATE STAMP OF BANK
BANK ACCOUNT PARTICULARS
CERTIFIED AS CORRECT



Completed By

Name

Phone Number

