



agriculture & rural development

Department:
agriculture
& rural development
PROVINCE OF KWAZULU-NATAL

ENTITY MAINTENANCE FORM

OFFICE

System Users Only

Captured By: _____

Date Captured: _____

Authorised By: _____

Date Authorised: _____

Point of Capture: _____

Reference No. : _____

(If applicable)

Number Detail

New entity information Update entity information

Number Type:

Department Number

Persal Number

ID Number

Supplier VAT Number

Passport Number

Other (Specify)

Number

Personal Details

Entity Type:

Employee

Department

Supplier

Other (Specify)

Surname/ Business Name/

Department Name

Title

First Name

Initials

Payment Type:

Daily :

(If supplier)

Weekly :

Monday

Tuesday

Wednesday

Thursday

Friday

Monthly:

Beginning

Middle

End

Comment

Address Detail

Payment Address (Compulsory if Supplier)

Postal Code



ENTITY MAINTENANCE FORM

Address Details Continued

Postal Address

Postal Code

--	--	--	--

Street Address

Postal Code

--	--	--	--

Telephone Detail

Business

--	--	--	--	--	--	--	--

Area Code

--	--	--	--	--	--	--	--	--	--	--	--

Telephone Number

--	--	--	--	--	--

Extention

Home

--	--	--	--	--	--	--	--

Area Code

--	--	--	--	--	--	--	--	--	--	--	--

Telephone Number

--	--	--	--	--	--

Extention

Fax

--	--	--	--	--	--	--	--

Area Code

--	--	--	--	--	--	--	--	--	--	--	--

Fax Number

Contact Person:

--

--	--	--	--	--	--	--	--

Area Code

--	--	--	--	--	--	--	--	--	--	--	--

Telephone Number

--	--	--	--	--	--

Extention

Beneficiaries

Number Type

--

Number

--	--	--	--	--	--	--	--	--	--	--	--

Name

--

Number Type

--

Number

--	--	--	--	--	--	--	--	--	--	--	--

Name

--

Number Type

--

Number

--	--	--	--	--	--	--	--	--	--	--	--

Name

--

Note : An Entity Maintenance form must be completed for each beneficiary

Compiled By	Checked and Verified By	Expenditure Authorised by
Rank	Rank	Rank
Signature	Signature	Signature
Date (dd/mm/yyyy)	Date (dd/mm/yyyy)	Date (dd/mm/yyyy)
/ /	/ /	/ /