



CHECKLIST FOR ENTITY ACCOUNT HOLDERS / DEPARTMENT END USER'S

NAME OF ENTITY: _____

SECTION 1

Select

| | | | | |
|---|---|--|---|--|
| A | Account holder: Central Supplier Database | | Ensure CSD is updated with latest banking details | |
| B | Salary related payment: In service | | Persal report to be attached | |
| C | Account holder: Non Central Supplier Database | | | |
| D | Salary related payment: Out of service | | | |
| E | Deactivation of entity | | Written instruction by Entity holder | |

SECTION 2

For C and D as above: Complete entity maintenance forms and attach supporting documents as listed below:

| No. | The following documents must be attached | Yes | N/A |
|-----|--|-----|-----|
| 1 | Certified copy/copies of Identity documents of account holder(s)/all members/owners of entity | | |
| 2 | Certified registration documents (CK Forms) / Letter of authority (iro Estate late) | | |
| 3 | Bank verification is completed on Entity Maintenance form | | |
| 4 | Bank stamped letter verifying bank account details | | |
| 5 | Amendment of existing entity: Letter from company/person (stating reasons). In case of companies, all members must sign the letter | | |
| 6 | Completed ORIGINAL entity maintenance forms | | |
| 7 | Valid Tax Clearance certificate | | |
| 8 | Copy of order or approved tender | | |
| 9 | Copy of Agreement with Department | | |

Compiled by (Account Holder)

Initial & Surname

Signature

Date

Submitted by (Department End user)

Initial & Surname

Signature

Date



ENTITY MAINTENANCE FORM

Note : An Entity Maintenance form must be completed for each account holder

Details

New entity information Update entity information Deactivate entity

Number Type: Department Number ID Number Passport Number Persal Number CSD Supplier VAT/TAX Number Other (Specify)

MAAA: _____

Personal Details

Entity Type: Employee Department Supplier Other (Specify) _____

Surname/ Business Name/ Department Name _____

Title _____

First Name _____

Initials _____

Payment Type: (Compulsory If Supplier) Daily Weekly Monthly

Address Details

Street Address _____

Postal Code _____

Postal Address _____

Postal Code _____

Contact Details

Contact Person: _____

Cellular number 1. _____ 2. _____

Business Area Code _____ Telephone Number _____

Home Area Code _____ Telephone Number _____

List all Directors or Shareholders / List all beneficiaries of estate late / Parents of students

1. Name _____ Surname _____ Identity number _____ Contact number _____

2. Name _____ Surname _____ Identity number _____ Contact number _____

3. Name _____ Surname _____ Identity number _____ Contact number _____



BANKING DETAILS

- 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 known as the "ACB ELECTRONIC FUND 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 via email as provided by myself, 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 written notice.

Name of Account Holder

Account Holder's Identity number

Name of Bank Name of Branch

Account Number Branch Code

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

Email address to submit remittance:

VERIFICATION BY BANK [COMPULSORY]

Banking details are hereby certified as correct

DATE STAMP OF BANK

Initial & Surname of Bank official

Signature

NOTE: ALL SUPPORTING DOCUMENTS TO BE PROVIDED AS PER THE CHECKLIST (SEE ANNEXURE A)

Completed by: Account Holder

| | |
|--|----------------------|
| Initial & Surname | <input type="text"/> |
| Signature of account holder/Designated signatory | <input type="text"/> |
| Date | <input type="text"/> |

Submitted by: Department End User

| | |
|-------------------|----------------------|
| Initial & Surname | <input type="text"/> |
| Section | <input type="text"/> |
| Designation | <input type="text"/> |
| Contact number | <input type="text"/> |
| Signature | <input type="text"/> |
| Date | <input type="text"/> |

FOR DEPARTMENT USE ONLY

BAS SYSTEM PROCESSING

| | |
|---------------------|----------------------|
| Entity captured by: | <input type="text"/> |
| Initial & Surname | <input type="text"/> |
| Designation | <input type="text"/> |
| Signature | <input type="text"/> |
| Date captured | <input type="text"/> |
| Reference | <input type="text"/> |

| | |
|-----------------------|----------------------|
| Entity authorised by: | <input type="text"/> |
| Initial & Surname | <input type="text"/> |
| Designation | <input type="text"/> |
| Signature | <input type="text"/> |
| Date authorised | <input type="text"/> |
| Reference | <input type="text"/> |