



Please note that this form must be completed in full to create the correct entity details on the system.(Please complete or mark with a "X" in black ink where applicable. **A bank stamp is required to verify your banking details. In case of a cheque account a cancelled cheque must be included.** Please return form by post or by hand delivery or by facsimile.)

TAKE-ON:	<input type="checkbox"/> NEW	<input type="checkbox"/> UPDATE	ENTITY TYPE:	<input type="checkbox"/> BUSINESS	<input type="checkbox"/> DEPARTMENT	<input type="checkbox"/> EMPLOYEE	<input type="checkbox"/> OTHER
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FROM: CREDITOR / ENTITY (DETAILS)	TITLE																				
	SURNAME																				
	FIRST NAME/S																				
	BUSINESS NAME																				
	TRADING NAME																				
	BUSINESS REG No.																				
	VAT REGISTERED	<input type="checkbox"/> Y	<input type="checkbox"/> N																		
	VAT REGISTRATION NO.																				
	ID NO.																				
	DEPARTMENT NAME																				
PERSAL NO. *																* For employees only					

CONTACT DETAILS	STREET / PHYSICAL ADDRESS																			POSTAL CODE		
	POSTAL ADDRESS																			POSTAL CODE		
	BUSINESS TELEPHONE No.						DIALLING CODE															
	BUSINESS FACSIMILE No.						DIALLING CODE															
	NAME OF CONTACT PERSON																					
	E-MAIL ADDRESS																					
	CELLULAR TELEPHONE No.																					

DETAILS OF FINANCIAL INSTITUTION FOR ELECTRONIC BANKING TRANSFERS:

BANK NAME:

BRANCH NAME & CITY/TOWN

BRANCH NUMBER/CODE

ACCOUNT NUMBER

ACCOUNT TYPE  CURRENT  SAVINGS  TRANSMISSION

BANK DATE STAMP (COMPULSORY)
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I / We hereby request, instruct and authorise you to pay any amounts which may accrue to me / us to the credit of my / our account with the abovementioned bank.

I / we understand that the credit transfers hereby authorised will be processed electronically through a system known as the "ACB ELECTRONIC FUNDS TRANSFER SERVICE", and I/we also understand that no additional advice of payment will be provided by my/our bank. Details of each payment will be printed on my/our bank statement or any accompanying voucher.

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 / changed by giving prior written notice, by way of registered post or facsimile.

SIGNATURE OF AUTHORISED PERSON

POSITION HELD

PRINT NAME OF AUTHORISED PERSON

DATE (DD/MM/YYYY):

