



DEPARTMENT OF TRANSPORT PROVINCE OF KWAZULU-NATAL

SUPPLIER MAINTENANCE:

BAS

CONTRACTOR
CONSULTANT

Head Office Only	
Captured By:	_____
Date Captured:	_____
Authorised By:	_____
Date Authorised:	_____
Supplier code:	_____
Enquiries. :	_____
Tel. No.:	_____

KWAZULU-NATAL DEPARTMENT OF TRANSPORT

I/We hereby request and authorise you to pay any amounts, which may 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 "ACB - Electronic Fund Transfer Service", and I/we understand that not additional advice of payment will be provided by my/our bank, but that the 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 the Department will supply a payment advice in the normal way, and that it will indicate the date on which the funds will be made available on my/our account.

This authority may be cancelled by me/us by giving thirty days notice by prepaid registered post. Please ensure information is validate as per required bank screens .

I/We understand that bank details provided should be exactly as per the records held by the bank.

I/We understand that the Department will not assume responsibility for any delayed payments, as a result of incorrect information supplied.

Company / Personal Details	
Registered Name	<input style="width: 100%;" type="text"/>
Trading Name	<input style="width: 100%;" type="text"/>
Tax Number	<input style="width: 100%;" type="text"/>
VAT Number	<input style="width: 100%;" type="text"/>
Title:	<input style="width: 100%;" type="text"/>
Initials:	<input style="width: 100%;" type="text"/>
First Name:	<input style="width: 100%;" type="text"/>
Surname:	<input style="width: 100%;" type="text"/>
Address Detail	
Payment Address (Compulsory if Supplier)	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
Postal Code	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
New Detail	
<input type="checkbox"/> New Supplier information	<input type="checkbox"/> Update Supplier information
Supplier Type:	<input type="checkbox"/> Individual <input type="checkbox"/> Department <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/> Trust <input type="checkbox"/> CC <input type="checkbox"/> Other (Specify) <input style="width: 150px;" type="text"/> <input type="checkbox"/> Sole Prop.
Department Number	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
KZN Supplier database Number	<input style="width: 400px;" type="text"/>

Suppliers Details

ID Number	<input type="text"/>
Passport Number	<input type="text"/>
Company Registration Number	<input type="text"/>
*CC Registration	<input type="text"/>
*Please include CC/CK where applicable	
Practise Number	<input type="text"/>

Bank Account Details

(Please note that this account MUST be in the name of the supplier. No 3rd party payments allowed).

Account Name	<input type="text"/>		
Bank	<input type="text"/>		
Account Number	<input type="text"/>	<input type="text"/>	
Branch Name	<input type="text"/>		
Branch Number	<input type="text"/>		
Account Type	<input type="checkbox"/> Cheque Account	<input type="checkbox"/> Transmission Account	
	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Bond Account	
	<input type="checkbox"/> Other (Please Specify)	<input type="text"/>	

Stamp (authorized)

Bank stamp

It is hereby confirmed that this details have been verified against the following screens

ABSA-CIF screen
FNB-Hogans system on the CIS4
STD Bank-Look-up-screen
Nedbank- Banking Platform under the Client Details Tab

Contact Details

Business	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Area Code	Telephone Number	Extension
Home	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Area Code	Telephone Number	Extension
Fax	<input type="text"/>	<input type="text"/>	
	Area Code	Fax Number	
Cell	<input type="text"/>	<input type="text"/>	
	Cell Code	Cell Number	
Email Address	<input type="text"/>		
Contact Person:	<input type="text"/>		

<input type="text"/>									
Suppliers Signature									
<input type="text"/>									
Print Name									
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date (dd/mm/yyyy)

NB: All relevant fields must be completed

PLEASE SUBMIT TO :
THE FOLLOWING ADDRESS
HEAD OFFICE SCM
 Department of Transport, Private Bag X9043,
 Pietermaritzburg, 3200

B Block, Head Office Department of Transport
 172 Burger Street, Pietermaritzburg, 3201