



**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	_____
Trading Name	_____
Tax Number	_____
VAT Number	_____
Title:	_____
Initials:	_____
First Name:	_____
Surname:	_____

Address Detail

Payment Address (Compulsory if Supplier)	_____

Postal Code	____

New Detail

New Supplier information Update Supplier information

Supplier Type: Individual Department Partnership
 Company Trust
 CC Other (Specify) _____
 Sole Prop.

Department Number _____
 KZN Supplier database Number _____



PROVINCE OF KWAZULU - NATAL - ISIFUNDAZWE SAKWAZULU - NATALI

DEPARTMENT OF TRANSPORT
UMNYANGO WEZOKUTHUTHA

To: Department of Transport,
Head Office
172 Burger Street
Pietermaritzburg
3201

Attention: Ms Hlengiwe Ndlovu,
Supply Chain Management (SCM)
B Block

ENTITY MAINTENANCE FORMS

The following Entity Maintenance form/s for (Name of Supplier/s) _____
is/are attached.

The Entity Maintenance form/s has/have been completed correctly in all respects and is
therefore submitted to SCM for capture on the BAS system.

Should you have any queries, please contact (Departmental Officials Name) _____
at (Contact Number) _____.

COST CENTRE/OFFICE