



military veterans

Department:
Military Veterans
REPUBLIC OF SOUTH AFRICA

ENTITY MAINTENANCE

BAS LOGIS

For Office Use Only

Requested by	_____
Approved by	_____
Captured by	_____
Date captured	_____
Authorised by	_____
Date authorised	_____
Captured on Safety web	<input type="checkbox"/> Yes <input type="checkbox"/> No

The Director-General: DEPARTMENT OF MILITARY VETERANS

- 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.
- Information must be validated as per required bank screens.
- I/We understand that the 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 due to incorrect information supplied.

Company / Personal Details

Registered Name	_____
Trading Name	_____
Tax Number	_____
VAT Number	_____
Title	_____
Initials	_____
First Name	_____
Surname	_____

Address Detail

Payment Address	_____

Postal Code	____

Entity Number Type

New entity information Update entity information

Entity Type:

<input type="checkbox"/> Individual	<input type="checkbox"/> Department (Nat)	<input type="checkbox"/> Prov Gov (ES)
<input type="checkbox"/> Supplier	<input type="checkbox"/> Department (Prov)	<input type="checkbox"/> Loc Authorities
<input type="checkbox"/> Foreign Supplier	<input type="checkbox"/> Prov Gov (CG)	<input type="checkbox"/> Other _____

Department Number Logis Supplier Number

Entity Bank Account Details

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

Account Name

Name of Bank

Account Number

Branch Name

Branch Number

Account Type Cheque Account
 Savings Account
 Transmission Account
 Bond Account
 Other (Please Specify)

ID Number

Passport Number

Persal Number

Company Registration Number

CC Registration * Please include CC/BK where applicable

Practise Number

Please confirm that the above details have been verified against the following screens:

- ABSA - CIF screen
- FNB - Hogans system on the CIS4
- STANDARD BANK - Look-up-screen
- NEDBANK - Banking Platform under the Client Details Tab

Contact Details

Business Home

Fax Cellular Phone

E-mail Address

Contact Person

Entity Signature
Print Name
Date

PLEASE RETURN TO THE FOLLOWING ADDRESS
The Supply Chain Management Unit
Denel Irene Campus
Nellmapius Drive
Centurion
Room 27 at the School
Enquiries: Rachel Pondy Konopi
Contact no: 012 671 1953

NB: All relevant fields must be completed