DEPARTMENT NAME
OFFICE

DEPARTMENT NAME	PROVINCIAL TREASURY	System Users Only
		Captured By:
OFFICE	CHIEF FINANCIAL OFFICE	Date Captured:
		Authorised By:
The state of the s	Number Detail	Date Authorised:
La company de la	New entity information Update entity information	Point of Capture:
	They entity information	Reference No. :
	,	(If applicable)
		(II applicable)
Number Type:	Department Number Persal Number	
	ID Number Supplier VAT Number	
	Passport Number Other ( Specify )	
Number		
Mamber		
ada de la composição de	re∧് കോടു പ്രദേശം ജ <b>Personal Details</b> ് പ്രവസ്കാര് ഉദ്വേശ	The transfer of the second of
Entity Type:	Employee Department	
Page 1	Supplier Other (Specify)	
Surname/ Business Na	me/	
Department Name		
Title		
First Name		
Initials		
Payment Type:	Daily:	
(If supplier)	Weekly: Monday Tuesday Wednesda	y Thursday Friday
( ii supplier)	Monthly: Beginning Middle End	y
	montany	
Comment		
	元表におう。一年1月日 Jan Address Detail (**) とうこう	Supplement Supplementally to the large profile of the
THE PARTY OF THE P		
Payment Address (	Compulsory if Supplier )	
Postal Code		

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or maken Balland (Sur) di	Addres	ss Details Continued	
Postal Address			
Postal Code			
Street Address	p		
Postal Code			
r ostar code			
n neg jiye na kata na kata		elephone Detail	
Business			
	Area Code	Telephone Number	Extention
Home			
_	Area Code	Telephone Number	Extension
Fax		Fax Number	
	Area Code	rax numbe:	
	,		<del></del>
Contact Person:			***************************************
	Area Code	Telephone Number	Extension

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1. 18 M.	11/2/20
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	Beneficiaries			
Number Type				
Number				
Name				
Number Type				
Number				
Name				
Number Type				
Number				
Name				
Note : An Entity Maintenance form must be completed for each beneficiary				
Compiled By	Checked and Verified By Expenditure Authorised by			
ek@aga j <b>∦Rank</b> a oo	AND THE REPORT OF THE PROPERTY			
G. 411, 1111 1 1 1 1				
Signature	Signature			
The state of the s				
Date (dd/mm/yyyy)				
7				



e i granditati gang majametan ega pelaliku di gant	Indah dagatha	Bank Details	ina kali serati :	STREET STREET
The Director General:	Department of	KwaZulu-Na	tal Provincial	Treasury
	k men			•
100/	d authorica valuta	nov ony amounts	uhiah any acerus	to make to the gradit of mulaur
account with the mention		pay any amounts	which any accide	to me/us to the credit of my/our
				d by computer through a system
				so understand that no additional yment will be printed on my/our
				it is not customary for banks to
furnish bank statements	).			
I/we understand that a r	pavment advice w	ill be supplied by t	he Department in	n the normal way, and that it will
indicate the date on whi	ch funds will be av	vailable in my/our a		ority may be cancelled by me/us
by giving thirty days noti	ce by prepaid regi	stered post.		
initials:and:Surname		Authorised Si	gnature - ****	Date dd/mm/yyy
Name of Account				
Name of Bank				
Branch Code				
Account Number				
Type of Account	Current Accoun	other Other	( please specify )	
	Savings Accour	nt		
	Transmission A	ecount		
DATE STAMP OF BANK BANK ACCOUNT PARTICULA	ARS			
CERTIFIED AS CORRECT			ADDRESS TO SE	END THE PAYMENT STUB