



# ENTITY MAINTENANCE

DEPARTMENT NAME

OFFICE

System Users Only	
Captured By:	<input type="text"/>
Date Captured:	<input type="text"/>
Authorised By:	<input type="text"/>
Date Authorised:	<input type="text"/>
Point of Capture:	<input type="text"/>
Reference No. :	<input type="text"/>
(If applicable)	

## Number Detail

New entity information       Update entity information

Number Type:

<input type="checkbox"/> Department Number	<input type="checkbox"/> Persal Number
<input type="checkbox"/> ID Number	<input type="checkbox"/> Supplier VAT Number
<input type="checkbox"/> Passport Number	<input type="checkbox"/> Other ( Specify ) <input type="text"/>

Number

## Personal Details

Entity Type:       Employee       Department

Supplier       Other ( Specify )

Surname/ Business Name/ Department Name

Title

First Name

Initials

Payment Type:      Daily :

( If supplier )      Weekly :  Monday       Tuesday       Wednesday       Thursday       Friday

                         Monthly:  Beginning       Middle       End

Comment

## Address Detail

Payment Address ( Compulsory if Supplier )

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Postal Code



# ENTITY MAINTENANCE

## Address Details Continued

Postal Address

  
  

Postal Code

Street Address

  
  

Postal Code

## Telephone Detail

Business

Area Code

Telephone Number

Extension

Home

Area Code

Telephone Number

Extension

Fax

Area Code

Fax Number

Contact Person:

Area Code

Telephone Number

Extension



# ENTITY MAINTENANCE

## 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
Rank	Rank	Rank
Signature	Signature	Signature
Date (dd/mm/yyyy)	Date (dd/mm/yyyy)	Date (dd/mm/yyyy)
/ /	/ /	/ /

