LOGIS Supplier Registration Form

SUPPLIER DETAILS

COMPANY'S FULL TRADING NAME

(please print clearly)

	Year				Number						Type	
ENTERPRISE REGISTRATION NUMBER												

(Please attach a copy of the Registration Certificate)

ID Number *(If Sole Proprietor)*												

(Please attach a copy of the ID Document)

VAT NUMBER	4											

BUSINESS ADDRESS Line 1:

Line 2:

City:

Telephone no and area code: ( )

Fax no and area code:( )

E-mail Address

POSTAL ADDRESS Line 1

Line 2

City: Postal Code

PAYMENT ADDRESS Line 1

Line 2

City: Postal Code

CREDIT ORDER INSTRUCTION

1. I/We hereby request and authorise you to pay any amounts which accrue to me/us to the credit of my/our account with the mentioned bank.
2. I/We understand that the credit transfer hereby authorised will be processed by Electronic Fund Transfer (EFT) and I/We also understand that no additional advice of payment will be provided other than the details of each payment as provided by my/our bank.
3. This authority may be cancelled by me/us by giving thirty day's notice by pre-paid/registered post or by hand delivered instruction.
4. I/We will not hold the Eastern Cape Provincial Administration liable for any payment not made into my/our bank account if the bank account details are incorrect or were not supplied to the Department within a reasonable time prior to the expected date of payment, subject to appropriate contracting or order procedures being followed.
5. The information provided for this registration as it applies to the supply of all goods and services, and the related payment will be subject to the General Conditions of Contract or as otherwise agreed with the relevant department.

Initials and Surname | Authorised Signature | Date

DETAILS OF MY/OUR BANK ACCOUNT

Name of Bank

Name of Branch Code

Account Name

Account Number

If Cheque Account, attach a blank, cancelled cheque

Account Type:	1 = Cheque Acc	2 = Savings Acc	3 = Trans-mission Acc	4 = Bond Acc	5 = (Not in use)	6 = Sub-scription Acc

SARS personal identification number (PIN): _____

Please complete this form and forward only original documents to:

Post to:

SCMO: Logis Registrations
Provincial Planning and Treasury
Private Bag X0029
Bhisho
5606

By Hand:

SCMO: Logis Registrations
Provincial Planning and Treasury
Shop 5, Tyamzashe Building
Phalo Avenue
Bhisho

FOR INTERNAL USE ONLY

LOGIK Request Number:

LOGIS Supplier Number:

CESD Number:

FOR COMPLETION BY BANK OFFICIAL:

BANK STAMP WITH DATE

Bank account details are hereby certified as being correct:

Name:

ID Number:

Signature: