



Department of Local Government & Traditional Affairs

OFFICE

Demand Management

CREDIT ORDER INSTRUCTION FORM

Supplier Details

(Please print clearly)

Registered Name _____

Trading Name _____

(If different from the Company / Supplier name)

Enterprise Registration Number
or SMME Number

Year	Number	Type

(Please attach a copy of the Registration Certificate)

VAT / Income Tax Number

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Tax Clearance Certificate Number

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Approved Date

C	C	Y	Y	M	M	D	D

Expiry Date

C	C	Y	Y	M	M	D	D

(Please attach a copy of the Clearance Certificate)

Title, First Name & Surname

Identity Number

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Business Address

Street:

Suburb:

City:

Telephone and area code

	█	
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Fax number and area code

	█	
--	---	--

Postal Address

Street:

Suburb:

City:

Code:

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Payment Address

Street:

Suburb:

City:

Code:

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Please complete this form and forward to:

System Users Only

Department

Local Government & traditional affairs	
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Postal Address

Street: tyamzashe building

Suburb: bisho

City: bisho

Code: 5 6 0 5

Attention

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Captured By: _____

Date Captured: _____

Authorised By: _____

Date Authorised: _____

LOGIK Request #: _____

LOGIS Supplier #: _____

Filling #: _____



Department of Local Government & Traditional Affairs

OFFICE

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 computer through a system known as the "ACB Electronic Fund Service", and I / We also understand that no additional advice of payment will be provided by my / our bank, but 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.)
3. I / We also understand that a payment advice will be supplied by the Department of XXXXXXX in the normal way, and that it will indicate the date on which funds will be available in my / our account.
4. This authority may be cancelled by me / us by giving thirty day's notice by pre-paid / registered post.
5. I / We will not hold the Department of XXXXXXX liable for any payment not made into our bank account if the bank account details are incorrect or were not supplied to the Department prior to payment.

Initials and Surname

Authorised Signature

Date

Supplier Banking Details

(Please note that this account **MUST** be in the same name of the supplier. No 3rd party payments allowed.)

Account Name	
Bank Name	
Branch Name	
Branch Code	
Account Number	
Account Type	<input type="checkbox"/> Cheque Account (Please attach a blank, cancelled cheque) <input type="checkbox"/> Savings Account <input type="checkbox"/> Transmission Account <input type="checkbox"/> Bond Account <input type="checkbox"/> Other (Please specify.)

Identity Number

Passport Number

Enterprise Registration Number

Year	Number	Type

For Completion by Bank Official

Date Stamp of Bank

Bank account details are hereby certified as being correct.

Name

ID Number

Signature