



- Logis Supplier Information Registration Form -

Business Name:

Business Type: cc, (Pty), Ltd, Individual)

B-BBEE Status Level of

Contributor

(attach a certificate)

VAT Number:

(attach a tax clearance certificate)

Enterprise Reg. Number: (CCYY/NNNNNN/NN)

(attach company profile)

Street Address:

Suburb:

City:

Postal Address:

Suburb:

City:

Postal Code:

Tel Number:

Fax Number:

Contact Person:



ENTITY MAINTENANCE

Office of the Public Service Commission

Bank Details

The Director General: Office of the Public Service Commission

I / we hereby request and authorise you to pay any amounts which any 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 the "ACB Electronic Fund Transfer Services", 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).

I / We understand that a payment advice will be supplied by the Office in the normal way, and that it will indicate the date on which funds will be available in my / our account. This authority may be cancelled by me/ us by giving thirty days notice by prepaid registered post.

NB: PLEASE USE BLOCK LETTERS ONLY

Initials and Surname

Authorised Signature

ID Number

Company's Full Trading Name:

Company / Enterprise Registration Number:

(Please attach a copy of registration certificate)

VAT Registration Number:

(Please attach a SARS certificate)

Name of Bank:

Name of Branch:

Branch Code:

Account Number:

Account Type:

Business Address:

Postal Address:

Payment Address:

1 - Current Account			
2 - Savings Account			
3 - Bond Account			
4 - Transmission Account			
5 - Subscription Account			

of Bank

Bank Details Certified as Correct:

Print Name