



LOGIS Supplier Registration Form



SUPPLIER DETAILS

CREDIT ORDER INSTRUCTION

COMPANY'S FULL TRADING NAME

_____ (please print clearly)

ENTERPRISE REGISTRATION NUMBER

Year			Number						Type

(Please attach a copy of the Registration Certificate)

ID Number
(If Sole Proprietor)

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(Please attach a copy of the ID Document)

VAT NUMBER

4									
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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 _____

- 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.
- 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.
- This authority may be cancelled by me/us by giving thirty day's notice by pre-paid/registered post or by hand delivered instruction.
- 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.
- 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 _____

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
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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: _____

Filing Number: _____

FOR COMPLETION BY BANK OFFICIAL:

Bank account details are hereby certified as being correct:

Name: _____

ID Number: _____

Signature: _____

BANK STAMP WITH DATE

CESD
Number