

THE FINANCIAL OFFICER
 COLLABORATIVE AFRICA BUDGET REFORM INITIATIVE
 SOUTH DOWNS RIDGE OFFICE PARK
 BLOCK F UNIT FF04
 CORNER JOHN VORSTER AND NELLMAPIUS DRIVE
 IRENE
 0062
 PHONE: (012) 429 0022

ELECTRONIC PAYMENT INSTRUCTION FORM
THE FINANCIAL OFFICER: COLLABORATIVE AFRICA BUDGET REFORM INITIATIVE

I/ We hereby request and authorise you to pay any amounts which accrue to me/us to the credit of my/ our bank account with the mentioned bank.

I/ We understand that the credit transfer hereby authorised will be processed by computer through a system known as the "ELECTRONIC FUNDS TRANSFER SERVICE" and I/ We also understand that no additional advice of payment will be provided by my/ our bank.

----- Initials and Surname	----- Authorized Signature	----- Date
Name of individual/organization		
Name of Bank		
Branch code		
Account Number		
Type of Account		

1. Cheque Account
2. Savings Account
3. Transmission account

DATE STAMP OF BANK
BANK ACCOUNT PARTICULARS
CERTIFIED AS CORRECT

CONTACT DETAILS

Copy of cancelled cheque/bank statement can also be attached

Tel No:	
Fax No.	
Address	
E-Mail	
VAT No.	

Processed by:	Authorized by:
Signature:	Signature:
UID: Date:	UID: Date: