**THE FINANCIAL officer**

COLLABORATIVE AFRICA BUDGET REFORM INTIATIVE

Southdowns 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 INTIATIVE**

I/ We herebyrequestand 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.

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 **Initials and Surname** **Authorized Signature** **Date**

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| **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

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

|  |  |
| --- | --- |
| **Processed by**: | **Authorized by**: |
| **Signature:** | **Signature**: |
| **UID: Date:** | **UID**: **Date**: |
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