

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 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 in	dividual/organization												
	Name of Bank												
	Branch code												
	Account Number												
	Type of Account						•				•		

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

DATE STAMP OF BANK **BANK ACCOUNT PARTICULARS CERTIFIED AS CORRECT**

CONTACT DETAILS

	Tel No: Fax No.	
Copy of cancelled cheque/bank statement can also be attached	Address	
	E-Mail	
	VAT No.	

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