

THE FINANCIAL OFFICER
COLLABORATIVE AFRICA BUDGET REFORM INITIATIVE
SOUTH DOWNS RIDGE OFFICE PARK
BLOCK F UNIT FF02B
CORNER JOHN VORSTER AND NELLMAPIUS DRIVE
IRENE
0062

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: