

COLLABORATIVE AFRICA BUDGET REFORM INITIATIVE
SOUTHDOWNS RIDGE OFFICE PARK
BLOCK F UNIT FF02B
CORNER JOHN VORSTER AND NELLMAPIUS DRIVE
IRENE
0062

**ELECTRONIC PAYMENT INSTRUCTION FORM
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:	UID:
Date:	Date: