

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: |
| | |