



KwaZulu-Natal Provincial Government

ENTITY MAINTENANCE

Office: _____

System Users Only

Captured By: _____
Date Captured: _____
Authorised By: _____
Date Authorised: _____

Point of Capture: _____
Reference No. : _____
(If applicable)

Number Detail

New entity information Update entity information

Number Type:

KZN Database Number
 Department Number Persal Number
 ID Number Supplier VAT Number
 Passport Number Other (Specify)

Number:

Personal Details

Entity Type:

KZN Database Supplier
 Employee Department
 Supplier Other (Specify)

Surname/ Business Name/

Department Name

Title:

First Name:

Initials:

Payment Type:

(If supplier)

Daily :

Weekly :

Monthly:

Monday

Tuesday

Wednesday

Thursday

Friday

Middle

End

Comment:

Address Detail

Payment Address

(Compulsory if Supplier)

Postal Code

Entity Maintenance

Address Details Continued

Postal Address:

Postal Code:

Street Address:

Postal Code:

Telephone Detail

Business	<input type="text"/> Area Code	<input type="text"/> Telephone Number	<input type="text"/> Extention
Home	<input type="text"/> Area Code	<input type="text"/> Telephone Number	<input type="text"/> Extension
Fax	<input type="text"/> Area Code	<input type="text"/> Fax Number	

Contact Person:

<input type="text"/> Area Code	<input type="text"/> Telephone Number	<input type="text"/> Extension
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Entity Maintenance

Beneficiaries

Number Type: _____
Number : _____
Name: _____

Number Type: _____
Number: _____
Name: _____

Number Type: _____
Number: _____
Name: _____

Note : An Entity Maintenance form must be completed for each beneficiary

Compiled By	Checked and Verified By
Print Name	Print Name
Rank	Rank
/ /	/ /
Date (dd/mm/yyyy)	Date (dd/mm/yyyy)



KwaZulu-Natal Provincial Government

Entity Maintenance: Bank Details

The Head Of Department: The Department of _____

I/We hereby request and authorise you to pay any amounts which accrue to me/us to the credit of my/our account with the mentioned bank.

I/We understand that the credit transfers hereby authorised will be processed by computer through a system know as the "ACB ELECTRONIC FUND TRANSFER SERVICE", and I/We also understand that no additional advice of payment will be provided by my/our bank, but details of each payment will be printed on my/our bank statement or any accompanying voucher.(This does not apply where it is not customary for banks to furnish bank statements).

I/we understand that a payment advice will be supplied by the Department in the normal way, and that it will indicate the date on which funds will be available in my/our account.This authority may be cancelled by me/us by giving thirty days notice by prepaid registered post.

Initial and Surname

Authorised Signature

Date dd/mm/yyyy

Name of Bank:

Name of Branch:

Branch Code:

Account Number:

Type of Account: Current Account, Savings Account, Transmission Account, Other (please specify)

DATE STAMP OF BANK BANK ACCOUNT PARTICULARS CERTIFIED AS CORRECT

ADDRESS TO SEND THE PAYMENT STUB