



CREDIT ORDER INSTRUCTION FORM
Department of GCIS

SUPPLIER DETAILS		CREDIT ORDER INSTRUCTION	
COMPANY'S FULL TRADING NAME _____ <small>(please print clearly)</small> _____		<ol style="list-style-type: none"> 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 tranfer hereby authorised will be processed by computer through a system known as the "ACB Electronic Fund 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 acco is not customary for banks to furnish bank statements.) I/We also understand that a payment advice will be supplied by the Department of GCIS 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 day's notice by pre-paid/registered post. I / We will not hold the Department of GCIS liable for any payment not made into our bank account if the bank account details are incorrect or were not supplied to the Department prior to payment. 	
ENTERPRISE REGISTRATION NUMBER _____ <small>(Please attach a copy of the Registration Certificate)</small>			
OR SMME NUMBER _____			
VAT NUMBER _____			
IDENTITY NUMBER _____			
BUSINESS ADDRESS Street: _____ Suburb: _____ City: _____ Telephone and area code: (_____) _____ Fax number and area code: (_____) _____		_____ Initials and Surname Authorised Signature Date	
POSTAL ADDRESS Street: _____ Suburb: _____ City: _____ Code: _____		<u>DETAILS OF MY/OUR BANK ACCOUNT</u>	
PAYMENT ADDRESS Street: _____ Suburb: _____ City: _____ Code: _____		Name of Bank _____ Name of Branch _____ Branch Code _____ Account Name _____ Account Number _____ Account Type* _____ If Cheque Account, attach a blank, cancelled cheque	
Please complete this form and forward it to: Department of GCIS Private Bag X745 PRETORIA 0001		*Please enter numeric value: 1 = Cheque Account 4 = Bond Account 2 = Savings Account 5 = (Not in use) 3 = Transmission Account 6 = Subscription Account	
<u>FOR INTERNAL USE ONLY</u>		DATE STAMP OF BANK	
LOGIK Request Number: _____ LOGIS Supplier Number: _____ Filing Number: _____		FOR COMPLETION BY BANK OFFICIAL: Bank account details are hereby certified as being correct: Name: _____ ID Number: _____ Signature: _____	