



JLU-NATAL SOCIAL DEVELOPMENT

System Users Only

Captured By: \_\_\_\_\_  
Date Captured: \_\_\_\_\_  
Authorised By: \_\_\_\_\_  
Date Authorised: \_\_\_\_\_

## ENTITY MAINTENANCE

## Number Details

formation ☐ Update entity information  
sal Number ☐ Supplier VAT Number ☐ ID Number & copy of ID doc

## Personal Details

Ei base Supplier ☐ Employee ☐ ZNT NUMBER  
Surname/ Business ID NUMBER

## Address Details

Payment Address Tel: (H)  
Postal Code Tel: (W)  
Fax:

## Banking Details

I/We hereby request and authorise you to pay any amounts which may 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.

I/We hereby certify that all the information contained herein is true and correct and acknowledge that I/We am/are liable for prosecution in the event of any false information furnished.

Initial and Surname

Authorised Signature

Date dd/mm/yyyy

Name of Account/Supplier:

Name of Bank:

Name of Branch:

Branch Code:

Account Number:

Type of Account: ☐ Current Account ☐ Savings Account ☐ Transmission Account

DATE STAMP OF BANK  
CERTIFIED AS CORRECT

NAME & SIGNATURE OF BANK OFFICIAL

NAME

SIGNATURE



**social development**

Department:  
Social Development  
**PROVINCE OF KWAZULU-NATAL**

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E-mail : [thokozile.ngcongo@kznsocdev.gov.za](mailto:thokozile.ngcongo@kznsocdev.gov.za)

SUPPLY CHAIN MANAGEMENT  
208 Hoosen Haffjee, Private Bag X9144  
Pietermaritzburg  
3200

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## **ENTITY BAS REGISTRATION FORM**

1. Service Providers, whose business entities have never done business with Department of Social Development before, are required to complete the Entity BAS Registration Form.
  2. Service providers who want to update their business information are also required to complete this form.
  3. The following documents must be submitted with the Entity BAS Registration form :
    - a) Valid and Original Tax Clearance Certificate.
    - b) Certified Identity Document copy/ies of the owner/shareholders.
    - c) Cancelled cheque or Bank statement (not older than 3 months).
    - d) Proof of company registration from CIPC.
    - e) Print out of KZN database number.
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