

# VENDOR MASTER DATA CREATION/MAINTENANCE FORM

## KwaZulu – Natal Legislature

SAP

PAGE 1 OF 2

V. 2  
01-Sep-16

### Section A: KZNL Requesting Vendor Master (For official use only)

OFFICE USE ONLY

Vendor Created by

Capturer's SAP ID

Vendor Authorised by

Authoriser's SAP ID

Date created

d d m m y y y y

Signature \_\_\_\_\_

Date authorised

d d m m y y y y

Signature \_\_\_\_\_

Indicate with an (X)

New Vendor Creation / Information

Update Vendor Information

**OFFICE DATE STAMP**

SAP Vendor Number

### Section B: Supplier/ Vendor Details

Registered Name of Vendor  Company Reg. No

Trade Name  VAT Number

First Name/s &  Initials  Title

### Section C: Address of Vendor

Postal Address

Street Address

Postal Code

### Section D: Telephone / Fax Numbers (Vendor Contact Details)

Contact Person (Vendor)  E-mail \*

Telephone Number - Area Code with Number  Fax Number

Mobile number  Preferred method of communication (Please select only one) Facsimile  E-mail  Post

**\* Proof of payment will be sent to the email address supplied**

### Section E: Vendor detail

Type: (Supporting documentation must accompany)

Individual Company CC  Department Trust Other (Specify)

Partnership

CSD Registration number:

**Section F: Vendor's Bank 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 the Legislature will supply a payment advice in the normal manner, and that it will indicate the date on which the funds will be made available in my/our account.

This authority may be cancelled by me/us by giving thirty (30) days notice by prepaid registered post.

**Please ensure the information is validate as per required bank screens**

I/We understand that bank details provided should be exactly as per the records held by the bank.

I/We understand that the Legislature will not assume responsibility for any delayed payments, as a result of incorrect information supplied.

Initials and Surname of Vendor

Authorised Signature of Vendor

d	d	m	m	y	y	y	y

**For account detail validation, please attach an encrypted or stamped bank statement, crossed cheque together with the registration form.**

\*Registered Name of Account Holder

\*Bank Name

Branch Name

\*Branch Code

\*Account Number

\* ID Number  \* Compulsory for individuals

Passport Number

\*\* Company Registration Number  \*\* Compulsory for Companies

\*\*\* CC / CK Registration Number  \*\*\* Compulsory where applicable

Practice Number

**DATE STAMP OF BANK - CERTIFIED AS CORRECT**

Type of Account - Indicate with X	It is hereby confirmed that this details have been	
<input type="checkbox"/> 1 Cheque Account	ABSA - CIF Screen	
<input type="checkbox"/> 2 Savings Account	FNB - Hogans System on the CIS4	
<input type="checkbox"/> 3 Transmission Account	STD Bank - Look - Up - Screen	
	Nedbank - Banking Platform under the Client Details Tab	
	Capitec Bank - Client Details Tab	

Initials and Surname (Bank Official) who verified information against the relevant Bank Screen

Bank Branch and Town/City where information has been verified

d	d	m	m	y	y	y	y

Signature (Bank Official) who verified information

Telephone Number of Bank who verified information

# Compulsory information that must be supplied

**NB: This form must be completed in full,**