

VENDOR MASTER DATA CREATION/MAINTENANCE FORM

KwaZulu – Natal Legislature

SAP

V. 2
01-Sep-16

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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

Date authorised
d d m m y y y y

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 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,