



KZN – DEPARTMENT OF WORKS

WIMS

BENEFICIARY REGISTRATION FORM

Please mark only	CONTRACTOR	SUPPLIER	MUNICIPALITY	LESSOR	SELLER CONVEYANCER ATTORNEYS
ONE	(Companies or persons involved with the actual erection / repairs / electrification / of buidings, fences, etc) ▼	(Companies who supply goods eg, building materials; or services eg. security services; cleaning services, etc.) ▼	(Domestic Services eg Electricity, Water, Rates, etc) ▼	(Letting of Property to Government) ▼	(Sale of Property to Government; Legal matters eg Court Orders) ▼
X					

This form must please be forwarded to WIMS Control, Private Bag X9041, PIETERMARITZBURG, 3200
Tel No.: (033) 3555485 / 3555424 / 3555602 / 3555523
Fax No: (033) 3555459

PLEASE NOTE: Due to Tender Board requirements (Procurement Circular No. 12) it is essential that the Beneficiary completes this form in full. No registration may take place unless ALL the required details have been completed and the Form has been signed by the Beneficiary or his/her Appointee. This form may only be supplied to Beneficiaries who have been registered on the Provincial Database and who have been given assignments by the Department. This form must display an official departmental date stamp.

BENEFICIARY DETAILS			
NAME OF CONTRACTOR OR OTHER	→		
POSTAL ADDRESS	→		
TEL NO () - 	CELL NO () - 	FAX NO () 	
REGISTRAR OF COMPANIES / CC REGISTRATION NO		→	
VAT NO :	ZNT31 REG NO :	CIDB CRS NO :	
BANKING DETAILS			
I/We understand and accept that our payments will be effected via ELECTRONIC FUNDS TRANSFER (EFT). I/We attach hereto a FINANCIAL DETAIL CERTIFICATE, duly authorized by my/our firm/company. I/We further confirm that I/we have read and understand the CREDIT ORDER INSTRUCTION (1401) as set out in the attached FINANCIAL DETAIL CERTIFICATE.			
THE FULL NAME/S OF THE PRINCIPAL OF THE FIRM / COMPANY / OR INSTITUTION MUST BE ENTERED HERE	→		
	Name and ID of Principal of Firm/Company/Institution (Please print) NAME : _____ ID NO : _____		
SIGNATURE OF FIRM / COMPANY / INSTITUTION'S AUTHORISED OFFICIAL	→		
	Authorised Signature : _____ Date : _____		
FOR OFFICIAL USE BY WIMS ADMINISTRATION ONLY			
REGISTERED BY:		DATE:	WIMS BENEF CODE: