

**FINANCIAL DETAIL CERTIFICATE**

KwaZulu-Natal Provincial Administration : Department of Works

**A. BUSINESS DETAILS**

Name of Company/Firm

Business Registration No:

(Kindly attach a copy of the business registration certificate)

VAT No:

Telephone Contact No:

**B. FINANCIAL INSTITUTION DETAILS**

Name of Bank

Name of Branch

Branch Code

Account Number

Account Type

(Enter numeric value in this block) →

**1 = Cheque/Current    2 = Savings / Transmission****PLEASE NOTE:**

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The following documents MUST be attached to the Financial Detail Certificate otherwise registration will not take place

**DOCUMENTS TO BE ATTACHED TO THIS CERTIFICATE****ALL OTHER BENEFICIARIES:**

1. A Cancelled Cheque OR a Certified Bank Statement indicating the bank branch code & account number;
2. A Certified copy of the ID of the person who signs this certificate;
3. The Supply Chain Management (Equity Ownership) Form

**CONTRACTORS:**

1. As (1) & (2) above for all other Beneficiaries; as well as
2. A certified copy of the Contractor's CIDB CRS Registration Certificate.

**C. CERTIFICATION****CREDIT ORDER INSTRUCTION (1401)**

I/We hereby request and authorize you to pay any amount which may accrue to me/us to the credit of my/our account with the abovementioned bank.

I/We understand that the credit transfers hereby authorized will be processed by computer through a system known as "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 of Finance in the normal way, and that it will indicate the date on which funds will be available in my/our bank account.

I/We further understand that

1. The onus is on me/us to advise the Department of Works, in writing, of any change to my/our banking details at least thirty (30) days in advance of the change taking place; and,
2. This authority may be cancelled by me/us by giving thirty (30) days notice by prepaid post / fax.

**I/We certify that the details in "A" and "B" above are correct and that I/we have read and taken note of "C" above.**

Initials &amp; Surname : \_\_\_\_\_ ID Number : \_\_\_\_\_

Authorized Signature : \_\_\_\_\_ Date : \_\_\_\_\_

**D. RETURN ADDRESS**

KZN Department of Works  
Attention: WIMS Administrator  
Private Bag X9041  
PIETERMARITZBURG  
3200

Tel: (033) 3555602 / 3555485 / 3555523  
Fax: (033) 3555459

**FOR OFFICE USE ONLY**

Captured by

Verified by

Date

Date

WIMS Beneficiary Code

WIMS Beneficiary Code