

67 NOJOLI STREET
P.O. BOX 21
SOMERSET EAST
5850

Tel: 042 – 243 6400
Fax: 042 – 243 2250
Website: www.bcrm.gov.za
E-mail: mmanager@bcrm.gov.za
suzettem@bcrm.gov.za
nigeld@bcrm.gov.za
leonieb@bcrm.gov.za



BLUE CRANE ROUTE
Municipality
Province of the Eastern Cape

Office of the Director: Finance (CFO)

Enquiries: Ms Ayanda Mbebe – Email: procurement@bcrm.gov.za

Reference: 5/11/2/2

CONFIRMATION OF SUPPLIER BANKING DETAILS

To: **BCRM SUPPLY CHAIN MANAGEMENT**

From: (Company Name) _____

Company Registration Number: _____

Company VAT Number: _____

Company CSD Number: _____

Date Requested: ____ / ____ /20 ____

NEW BANKING DETAILS

Bank Name: _____

Account Name: _____

Account Number: _____

Branch Code: _____

OLD BANKING DETAILS

Bank Name: _____

Account Name: _____

Account Number: _____

Branch Code: _____

REASON FOR CHANGE:

Initial in this block

DIRECTORS INFORMATION (please add a separate page if not enough)

<u>NAME</u>	<u>IDENTITY NUMBER</u>	<u>DATE OF APPOINTMENT</u>
1.		
2.		
3.		
4.		
5.		

Signed by Company Director

Name of Director (BLOCKLETTERS)

.....

I, THE UNDERSIGNED AUTHORISED REPRESENTATIVE
OF _____
HEREBY CERTIFY THE PROPOSED CHANGES, AS LISTED ABOVE.

FOR OFFICE USE:

CHECKED BY (CAPTURER):

REVIEWED BY:

.....
THANDI HALOM
SENIOR CLERK: SCM

.....
AYANDA MBEBE
MANAGER: SUPPLY CHAIN & ASSET MANAGEMENT

AUTHORISED BY:

.....
NIGEL DELO
DIRECTOR: FINANCE (CFO)

PLEASE NOTE THE FOLLOWING DOCUMENTATION MUST BE ATTACHED:

- (a) Formal written documentation from the bank, including new banking details, company registration numbers, VAT registration numbers, list of directors plus their ID numbers, plus CSD bank details
- (b) Old banking details, with company registration numbers, VAT registration numbers, list of directors plus their ID numbers, plus CSD bank details
- (c) All of the above should be original documentation, or certified copies where originals are not available

Initial in this block