



military veterans

Department:
Military Veterans
REPUBLIC OF SOUTH AFRICA

Telephone: 0802323244
Enquiries: DMV Call Centre

Department of Military Veterans
Private Bag X943
Pretoria
0001

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INSTRUCTIONS TO FOLLOW WITH COMPLETION AND COMPILING OF BANK VERIFICATION DOCUMENTS

For the department to expedite payment of the school fees, **COMPULSORY** documentation must be completed and submitted back to the department. All the documents must be submitted together with the bank entity form. (Attached)

Below are the guidelines/instructions to go through the process:
(Please submit all required documents!!)

The Bank entity maintenance form , must be completed and with the bank stamp on it, on the space provided. **(Compulsory)**

Together with this the department require a copy of the school's/Institution's bank statement (but only the top part indicating the account name and number). **(Compulsory)**

Further we require a screen print from the bank system (CIS- FNB)/(CIF- ABSA)/LOOKUP SCREEN-STANDARD BANK/(Banking platform under the client details Tab- NEDBANK) to accompany the entity form. **This document is important for the verification of the account. (Compulsory)**

A valid Tax Clearance Certificate must be attached. **(Compulsory for ALL Private Schools/Institutions)**

Lastly an invoice,(**NO** Pro-Forma invoice) stamped and signed from the school indicating the total school fees for the year. **(Compulsory)**

Regards

THE EDUCATION SUPPORT TEAM



ENTITY MAINTENANCE

Bank Details

The Director General : Department of MILITARY VETERANS

I/We hereby request and authorise you to pay any amounts which any 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 a payment advice will be supplied by the Department in the normal way, and that it will indicate the date on which funds will be available in my/our account.This authority may be cancelled by me/us by giving thirty days notice by prepaid registered post.

Initials and Surname

Authorised Signature

Date dd/mm/yyyy

Name of Bank

Name of Branch

Branch Code

Account Number

Type of Account Current Account Other (please specify)

Savings Account

Transmission Account

DATE STAMP OF BANK
BANK ACCOUNT PARTICULARS
CERTIFIED AS CORRECT

[Stamp area]

ADDRESS TO SEND THE PAYMENT STUB

[Address lines]



ENTITY MAINTENANCE

DEPARTMENT NAME

OFFICE

System Users Only	
Captured By:	<input type="text"/>
Date Captured:	<input type="text"/>
Authorised By:	<input type="text"/>
Date Authorised:	<input type="text"/>
Point of Capture:	<input type="text"/>
Reference No. :	<input type="text"/>
(If applicable)	

Number Detail

New entity information Update entity information

Number Type:

Department Number Persal Number
 ID Number Supplier VAT Number
 Passport Number Other (Specify)

Number

Personal Details

Entity Type: Employee Department
 Supplier Other (Specify)

Surname/ Business Name/ Department Name

Title

First Name

Initials

Payment Type: (If supplier)

Dally :
Weekly : Monday Tuesday Wednesday Thursday Friday
Monthly: Beginning Middle End

Comment

Address Detail

Payment Address (Compulsory if Supplier)

Postal Code

