TYPE OF REGISTRATION

(Mark with X in applicable block)

SAP		Non-Governmental Organisation/ Non-Profit Organisation	
BAS		School	
Debt Recovery		Individuals	

To be completed FOR the following
Doctors/Professors/Pshyciatrists/Dentists/Physiotherapists/Schools/NPO's/ /Attorneys/Lawyers/Internal personnel etc.

INTRODUCTION

- The GPT will treat all the information that you supply as strictly confidential
- The GPT reserves the right to request additional information if required
- The GPT reserves the right to perform an audit to confirm/ verify any of the information in this application
- Ensure that this application is signed before returning it to the GPT
- Please respond to all sections as incomplete forms will not be processed
- **Only certified copies will be accepted**

CONTACTS

Should you experience any difficulty in completing this application form or have any queries, please call the GPT Supplier Management on (011) 689 6000 for assistance

All Queries must cite the applicable Waybill and Bin Number.

MANDATORY CONDITIONS

- All banking requirements must be attached to this application (page 3)
- Attach a certified copy of ID
- Internal & External entities (payroll) to attach a persal printout, signed by Team Leader and/or Director as well as date stamp
- Doctor's practices: attach a most recent original tax clearance certificate to the application, practice confirmation letter if application
- Certified copy of VAT103 if applicable

FROM WHICH DEPARTMENT WAS THE APPLICATION SUBMITTED?	
e.g. GPT, Health, Education, Transport & Public Works, Office of the Premier, Agriculture, Conservation, Environment & Land Affairs, DFEA, Development, Planning & Local Gov, Safety & Liaison, Housing, Social Services & Population Development or Sports, Recreation, Arts & Culture, GEP, etc.	

DECLARATION:

By completing this application form I declare that all the information provided is true and correct

Respondents name (Block Letters)		Respondents Signature		Respondents Title/Position	
Respondent Tel Number		Date		Witness Name (Block Letters) & Signature	

FOR OFFICE USE ONLY

Application Processed By	NAME	DATE	SIGNATURE
AUTHORISED BY:	COMMENTS		

SECTION A

TO BE COMPLETED BY GPG DEPARTMENTS E.G EDUCATION, HEALTH ETC

Department	
Finance Co-ordinator	
Signature	
Telephone no.	
Fax no.	

DEPARTMENTAL DATE STAMP

SECTION B

INDIVIDUAL/INSTITUTION PARTICULARS

ID NUMBER		PRACTICE NUMBER		VAT/TAX CLEARANCE NUMBER		PERSAL NUMBER		OTHER (STATE)	

Applicable Number	
Individual/Institution Name	
Title	
Surname & First Name(s)	
Initials	

Physical address	Postal address
Postal code:	Postal code:

CONTACT TELEPHONE NUMBERS

Business telephone number	
Mobile number	
Mobile number - alternative	
Fax number	
Email address	

SECTION C

BANKING DETAILS: TO BE VERIFIED BY BANK

MANDATORY REQUIREMENTS

1.1 ATTACH A MOST RECENT ORIGINAL BANK LETTER OR STATEMENT (NOT OLDER THAN 2 MONTHS) FOR TRANSMISSION/SAVINGS ACCOUNTS WITH BANK STAMP

1.2 POST OFFICE ACCOUNT: STATEMENT NOT OLDER THAN 2 MONTHS

NOTE:
IN ALL INSTANCES THE ACCOUNT HOLDER MUST BE IN THE NAME OF THE APPLICANT/ INSTITUTION

Bank									
Name of Branch									
Account Number									
Branch Code									
Account Holder									
Account Holder Signature									
Type of Account	Current/Cheque		Transmission		Savings		Other (Specify)		

FOR BANK USE

Bank Official Name		**DATE STAMP OF BANK CERTIFIED AS CORRECT**
Bank Official Capacity		
Bank Official Signature		
Bank Official Telephone Number		
Bank Official Fax Number		

CONSENT TO VERIFY (As per the Protection of Personal Information Act)

I, ……., (Name) in my capacity as Company Representative for ……. (Company Name) hereby give consent to the Gauteng Provincial Government to verify all information as detailed below.

Signature: _____

Dated: _____

- Identification document status and validity.
- SARS
- DPSA and official's conflict of interest.
- Banking Details