

REQUEST FOR PRIMARY BANKING ACCOUNT OF THE MUNICIPALITY

Name of Municipality: UMZIMVUBU LOCAL MUNICIPALITY
Municipal Demarcation Code: EC442
Post Box/ Private Bag: P/BAG X 9020
City: MT FRERE
Postal Code: _____
Street: _____
13 MAIN STREET 5090
Suburb: _____
City: MT FRERE
Code: MT FRERE
Telephone Number: _____
039 - 255 8500 5090
Facsimile Number: _____
039 - 255 0167

Primary banking account of the municipality

Account Name: UMZIMVUBU LOCAL MUNICIPALITY
Account Number: 62022183727
Name of Bank: FIRST NATIONAL BANK
Name of Branch: MT FRERE
Branch Code: 250655

Name and Surname: _____
Telephone Number: _____
Facsimile Number: _____
Mobile Phone Number: _____
E-Mail Address: _____
Chief Financial Officer/ Head/Director of Finance
Name and Surname: Mrs. XN. Venn
Telephone Number: 039 - 255 8507
Facsimile Number: 039 - 255 0167
Mobile Phone Number: 079 525 3503
E-Mail Address: Venn.Xoliswa@umzimvubu.gov.za


FNB
MOUNT FRERE
13 JUL 2015
CONSULTANT
210 - 821

Name: THEMBAWA DYAKARA
ID No: F2968967
Signature: _____
FOR COMPLETION BY BANK MANAGER

This part should only be filled in by the Municipal Manager or the Chief Financial Officer.
Xoliswa Noluthando Venn certify that the information supplied is the correct primary banking account of this municipality.

Signature: _____

Designation: Chief Financial Officer

Date: 06/07/2015

The Chief Director Local Government
 National Treasury
 Private Bag X115
 PRETORIA
 0001
 Telephone: (012) 315 5850
 Facsimile: (012) 315-5230

PS: Even if the form has been faxed, the original should still be forwarded.
 Please complete this form and return it duly signed for the attention of: