SD004 - Customer Application Form

**Please indicate (with an X):** New Application  Update of information on existing customer

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| **Instructions**   * Form to be completed in full and signed by the Applicant or by an authorised representative of organisation, entity or company. * Once completed and signed by customer, UCT department to ensure required documentation is received to support application with full department contact details and fund holder signoff. * Faculty finance must ensure and check all completed information is correct and the required supporting documents are attached. * Completed forms to be sent to Debtors, Finance Department. | Date (dd/mm/year) |  |
| Customer number (leave blank, if new) |  |
| Reference No. |  |

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| 1. CUSTOMER DETAILS | | | |
| Organisation/Entity/ Individual Name |  | | |
| Trading as or Abbreviations |  | | |
| VAT Number |  | | |
| Co Reg / ID number |  | | |
| Office number |  | | |
| Fax number |  | | |
| Mobile number |  | | |
| Email address |  | | |
| Website address |  | | |
| Business sector |  | Industry type |  |

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| **Physical Address** | | **Postal Address** | |
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|  | |  | |
|  | |  | |
| City |  | City |  |
| Country |  | Country |  |
| Postal code |  | Postal code |  |

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| 2. CONTACT PERSON (Whom is responsible for the agreement/contract/project entered into) | | | | | |
| Title |  | Full name |  | | |
| Designation |  | | | Department |  |
| Telephone number |  | | | Fax number |  |
| Mobile |  | | | Email address |  |

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| 3. ACCOUNTS PERSON (Whom is responsible for payment of invoice or amounts owing) | | | | | |
| Title |  | Full name |  | | |
| Designation |  | | | Department |  |
| Telephone number |  | | | Fax number |  |
| Mobile |  | | | Email address |  |

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| **4. CERTIFICATION FOR THE ORGANISATION / ENTITY / INDIVIDUAL** | | | |
| I confirm that I have provided the above information and hereby declare, that I have examined the information on this document and supporting documents and to my knowledge and belief, that all information is true and complete. I, further, bind and hold the organisation, entity or myself, if an individual customer, responsible for the payment of all outstanding debt and other charges, due and arising to the University of Cape Town for all services rendered. In the event of non-payment, I further bind my organisation, entity or myself, if an individual customer, liable to pay interest plus all costs of recovery, including legal fees by attorneys on the scale, as between attorney and client. I, further hereby, agree for UCT to conduct any compliance, verification and credit vetting on details, information and documents provided, if necessary. | | | |
| SIGN HERE: |  |  |  |
| Signature of authorised representative of organisation or individual | |  | Full Name and Surname (PRINT) |
|  |  |  |  |
|  | Date (MM-DD-YYYY) |  | Capacity in which acting |

|  |  |  |  |
| --- | --- | --- | --- |
| 5. DOCUMENTATION (Provide to support application) | | | |
| Company Registration / ID |  | BEE status |  |
| Tax clearance certificate |  | Contract / Agreement |  |
| SD Invoice requisition from department |  | Other |  |

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| 6. DEPARTMENTAL DETAILS (To be completed by UCT internal department) | | | | |
| Faculty within UCT | | Department | | Unit |
|  | |  | |  |
| Contact person within department |  | | Designation of contact person |  |
| Telephone |  | | Email address |  |
| Full name of fund holder (print) |  | | Date |  |

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| **7. FACULTY FINANCE** (To check if fully complete and confirm if supporting information and documents are attached) | | | |
| Full name |  | Signature |  |
| Date |  |  | |

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| --- | --- | --- | --- |
| **8. DEBTORS DEPARTMENT USE** | | Customer number updated |  |
|  | | | |
|  | Name | Signature | Date |
| Received and checked by |  |  |  |
| Processed on SAP by |  |  |  |
| Verified after processing by |  |  |  |