trsa
Taxi Recapitalisation South Africa

BANKING DETAILS FORM

TRSA REF NO:

Form 2

Vehicle Registration Number:

Name of Company / Closed Corporation / Entity / Individual:

(Hereafter referred to as applicant)

ID Number/ Business Reg. Number

Banking Institution (e.g. ABSA)

Branch Name (e.g. Sandton):

Branch Code (e.g. 33-14-75):

Account Holder Name (e.g. J.O Blocks):

Account Type (e.g. Current, Savings):

Bank Account Number (e.g. 0123 453):

The applicant hereby warrants that the above banking details provided and all other information herein provided is true, accurate and correct in all respects.

Signed and accepted on this _____ day of _____ 2 0 Y Y

Signature of Applicant / Authorised Representative:

_____

FOR TRSA OFFICE USE

CONFIRMATION OF BANK DETAILS

Signature of Bank Official:

_____

Name & Position of Bank Official:

_____

BANK STAMP

(It is confirmed that the bank account as supplied above is that of the account holder as specified)