

EASTERN CAPE PROVINCE: DEPARTMENT OF EDUCATION
BAS ENTITY MAINTENANCE



New entity information update entity information

SECTION A: PERSONAL DETAILS

NUMBER TYPE

NUMBER

SURNAME/BUSINESS NAME/DEPARTMENT NAME:

TITLE: /SCHOOL

FIRST NAME:

INITIALS:

PAYMENT TYPE:

PAYMENT ADDRESS: (COMPULSORY)

postal code:

SECTION B: ADDRESS COMPLETE

STREET ADDRESS:

postal code:

Postal address (if differs from your street address)

postal code:

SECTION C: TELEPHONE

Contact Person

Business Area Code

Telephone Number

Extention

Fax