Name of Client

BUSINESS INFORMATION	Contact person	Business registration number		
Trading name of business				
	Telephone number	Income tax reference number		
Describe nature of business				
	Mobile / Cell number	mber VAT reference number		
	Fax number	Employees tax reference number		
Select type of business Company	Email address	BUSINESS BANK ACCOUNT DETAILS		
Close corporation		Bank		
Partnership	Physical address			
Association Incorporation		Branch		
Trust	Postal address	Branch code		
Sole Proprietor If other, please specify		Account holder name		
	SARS EFILING USERNAME & PASSWORD	Account number Account type		
Website address	Username			
	Password			



DIRECTOR/MEMBER/PARTNER 1			DIRECTOR/MEMBER/PARTNER 2			DIRECTOR/MEMBER/PARTNER 3			
Full Name			Full Name	9		Full Name			
Identity / passport number			ldentity / passport number			Identity / passport number			
Income tax reference number			Income tax reference number			Income tax reference number			
Telephone number			Telephone number			Telephone number			
Mobile / Cell number			Mobile / Cell number			Mobile / Cell number			
Email address			Email address			Email address			
Physical address		Physical address			Physical address				
BANK ACCOL	UNT DETAILS		RANK ACCO	OUNT DETAILS		BANK ACCO	UNT DETAILS		
Bank	Branch	Branch code	Bank	Branch	Branch code	Bank	Branch	Branch code	
Account holder name		Account holder name		Account holder name					
Account number Account type		Account number Account		Account type	Account number Account t		Account type		

What we require.

In terms of the Financial Intelligence Centre Act (FICA) we require the following supporting documents:

BUSINESS INFORMATION

Notice of incorporation (CoR 14.1/CM 22/CM 4) Memorandum of incorporation (CoR15.1/CM29) Bank statement or cancelled cheque Recent business utility bill

DIRECTORS/MEMBERS/PARTNERS INFORMATION

Certified copy of ID / passport document Bank statement or cancelled cheque Recent utility bill

Please note.

Scan and email the completed document with the supporting documents to info@accountabilityPA.co.za OR fax them to +27 (0)865 426 845.

Kindly submit original or certified copies of the required FICA supporting documents to our office at your earliest convenience.

Alternatively you can post the documents to our office at PO Box 12156, Mill Street, 8010 (Cape Town).

