



**Public Sector SMME Payment Assistance Hotline
Payment Facilitation Form**

PERSONAL INFORMATION

Your Surname:

Your Name:

Your Cell No: Your Work No:

COMPANY INFORMATION

To the best of your knowledge do you declare that the company complies with the criteria of an SMME? (National Small Business Act no.102 of 1996) Circle YES NO

Your Company Name:

COMPANY BANKING DETAILS

Bank:

Branch: Branch Code:

Account Number: Account Type:

DETAILS OF DEPARTMENT/INTITUTION RESPONSIBLE FOR PAYMENT

Invoice Submitted To:

Purchase/Order No:

Invoice Amount: Date Invoice Submitted:

Invoice Description:

Invoice Comment:

DEPARTMENTAL LIAISON

(reference person with regards to contract/purchase order/invoice)

Surname of Person Submitted To:

Name of Person Submitted To:

Work No: Cell No:

PLEASE FAX OR EMAIL THE COMPLETED FORM TO:

**FAX: 012 452 0458
EMAIL: SMME@acall.co.za**