

Service Provider Banking Details Form

A. SUPPLIER INFORMATION

Provider Name																																	
Provider No																																	
Payee Name																																	
	(If different from Provider Name)																																
Contact Name																																	
Postal Address																																	
Telephone No																	Mobile No																

B. BANKING DETAILS

Bank Name																																	
Branch Name																																	
Branch Code																	Account Type																
Account No																																	

Signature

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Date

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Provider Stamp

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Note: Bomaid should be notified in the event of changes in the banking details to : mмосigi@bomaid.co.bw/mkgaogano@bomaid.co.bw