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FutureManagers
 SIYAFUNDA • SIYAKHULA

Academic Institution Account Information Form

NB: Please complete all blocks relevant to your institution/business & write N/A in the blocks not applicable to you

Full Name of Institution:						
Postal Address:				Code:		
Physical Address:				Code:		
Telephone:			Fax:			
E-mail Address for E-mail Alert:						
Name of Bank:			Account Name:			
Account Number:			Type of Account:			
Branch Code:			Branch Name:			
Names of CEO / Head of Academics/ Head of Campus	1.				Designation:	1.
	2.				Designation:	2.
Person Responsible for Account Authorisation:			Contact Number:			
ORDERING SYSTEM – ORDERS PLACED BY:						
Central Office		Contact Name:		Contact Number:		
Campus		Contact Name:		Contact Number:		
College Bookshop		Contact Name:		Contact Number:		
Bookseller		Contact Name:		Contact Number:		

Applicant's Declaration:

I, the undersigned, do hereby declare that all the details supplied above are true and correct at the time of signing, and that I am authorised to sign this document on behalf of the above-mentioned institution.

NAME (PLEASE PRINT): CAPACITY:

SIGNATURE: DATE: