**APPLICATION TO OPEN A NEW/UPDATE CUSTOMER OR DONOR ACCOUNT**

**PLEASE ENSURE TO TYPE ON THE FORM. DO NOT PRINT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Organization (VAT)** |  |  | **Organization (Non-VAT)** |  |
|  |  |  |  |  |
| ***Donor (VAT)*** |  |  | ***Donor (Non-VAT)*** |  |

**Name of Legal Entity**:

**Company Vat Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(VAT Certificate to be attached for organizations only)***

**Contact Person**:

**Business**
Country: Area: Telephone:

Country: Area: Telephone:

**Statement Email Address:**

**Postal Address:**

**Country:**

**Details of Wits University Staff**

**Requested by:** Reaobaka Mosimanegape

**Phone Number:** 011 717 9234

**Email Address:** Reaobaka.Mosimanegape@wits.ac.za

**Date:**

**FOR CENTRAL FINANCE USE**

**Date Received:** ............................................... **Captured By**: ………………………………………..………………

**Customer or Donor Account Number:** ……………………………………………………..………………

**Email this document to:** **AccountsReceivable.Finance@wits.ac.za**

**The response time will be 2 working days from date received in Accounts Receivable**