



ENQUIRIES: YOLANDA MALI  
NAVRAE:

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KONTAK NR:

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E-POS ADRES:

DATE: ...../...../ 20.....  
DATUM:

## PAYMENT FORM FOR FOOD CONDEMNATION COLLECTION/ TRANSPORTATION

NAME OF APPLICANT:  
NAAM VAN AANSOEKER: \_\_\_\_\_

PAYMENT FEE (VAT INCL): R 1 956,15  
BETALINGSFOOI (BTW INSL):

BANK: FIRST NATIONAL BANK (FNB)  
BANK:

ACCOUNT NO: 62869623150  
REKENINGNOMMER:

BRANCH CODE: 210554  
TAK KODE:

REFERENCE NO: \_\_\_\_\_  
VERWYSINGS NR:

(For direct deposits and transfers)  
(Vir direkte deposito's en oorplasing)

REVENUE UKEY NO: 20240822084114  
INKOMSTE POS NR: 10408102430000

(Attach proof of payment to this page)  
(Heg bewys van betaling aan hierdie bladsy)

SIGNATURE OF APPLICANT:  
HANDTEKENING VAN AANSOEKER: \_\_\_\_\_

PLEASE SEND PROOF OF PAYMENT TO: [ymali@george.gov.za](mailto:ymali@george.gov.za) AND [payments@george.gov.za](mailto:payments@george.gov.za)

STUUR ASSEBLIEF BEWYS VAN BETALING NA: [ymali@george.gov.za](mailto:ymali@george.gov.za) EN [payments@george.gov.za](mailto:payments@george.gov.za)