**BANKING DETAILS / TRAVEL DETAILS**

TITLE OF EVENT: **Meeting of Champions and National Coordinators**

Place and date of event: 01-05 April 2025, Johannesburg

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1.** | **General Information:** | | |  | **Ndumiso Lushaba** |
| **2.** |  | |  | **Eswatini Revenue Service**  **Systens Developer Officer** | | |
| **3.** | **BANK DETAILS\*:** |  | |  | | |
|  | * Bank Name | : | | First National Bank | | |
|  | * Bank Address | : | | P. O. Box 907  Mbabane  The Offices Complex  Mbabane | | |
|  | * Full Name of Account Holder\*\* | : | | Ndumiso Valentine Lushaba | | |
|  | * Address of the Account Holder as registered at the Bank | : | | Zulwini, Mvutjini | | |
|  | * Account Number | : | | 62500381827 | | |
|  | * Brach code |  | | 287364 | | |
|  | * Type of Account | : | | Gold Cheque - Current Account | | |
|  | * SWIFT/BIC Number | : | | FIRNSZMX | | |

I Ndumiso Lushaba confirm that I will attend the Working Session of AEO, Risk, IT,Legal, and Communication Experts, meeting/workshop and that in the event that I am unable to attend the meeting/workshop I will reimburse to SACU Secretariat the full amount of Per diem paid in to my bank account within 7 days of receipt of the money.

**March 2025, Ezulwini** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date and Place) (Signature)

Note: \* Please send copies of transportation tickets to the SACU Secretariat