



**Supplier Account Details**

(Please note that this account MUST be in the name of the supplier. No 3<sup>rd</sup> party payments allowed).

Account Name 



  
 Account number

Branch Name 



  
 Branch Number 



  
 Account Type 

	Cheque Account
	Savings Account
	Transmission Account
	Bond Account
	Other (Please specify) <table border="1" style="display: inline-table; width: 60%; height: 20px;"></table>

ID Number 



  
 Passport Number

Company Registration number 



  
 \* CC Registration 



  
 \* Please include CC/CK where applicable  
 Practise Number

**Bank Stamp**  
 It is hereby confirmed that this details have been verified against the following screens  
**ABSA** – CIF screen  
**FNB** – Hogans system on the CIS4  
**STD Bank** – Look-up-screen  
**Nedbank** – Banking Platform under the Client Details Tab

**Contact Details**

Business 











  
                     Area Code                      Telephone Number                      Extension  
 Home 











  
                     Area Code                      Telephone Number                      Extension  
 Fax 







 |  
                     Area Code                      Fax Number  
 Cell 







 |  
                     Area Code                      Cell Number  
 Email Address 



 Contact Person

Supplier Signature	Regional Office Sender
Print Name	Print Name
	Rank
Date (dd/mm/yyyy)	Date (dd/mm/yyyy)

PLEASE RETURN TO THE RELEVANT REGIONAL OFFICE THAT SUPPLIED THE FORM OR THE FOLLOWING ADDRESS:  
  
 Department of Energy  
 Private Bag X 19  
 ARCADIA  
 0007

**NB: All relevant fields must be completed**