

Supplier Account Details

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

Account Name																												
Account number																												

Branch Name																								
Branch Number																								
Account Type	<input type="checkbox"/> Cheque Account <input type="checkbox"/> Savings Account <input type="checkbox"/> Transmission Account <input type="checkbox"/> Bond Account <input type="checkbox"/> Other (Please specify)																							

ID Number																
Passport Number																

Company Registration number	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>															
* 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