

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) <input type="text"/>

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	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Area Code	Telephone Number	Extension
Home	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Area Code	Telephone Number	Extension
Fax	<input type="text"/>	<input type="text"/>	
	Area Code	Fax Number	
Cell	<input type="text"/>	<input type="text"/>	
	Area Code	Cell Number	
Email Address	<input type="text"/>	Contact Person	<input type="text"/>

<input type="text"/>	<input type="text"/>
Supplier Signature	Regional Office Sender
<input type="text"/>	<input type="text"/>
Print Name	Print Name
<input type="text"/>	<input type="text"/>
	Rank
<input type="text"/>	<input type="text"/>
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