



**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	<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) <span style="float:right">_____</span>																													

ID Number																
Passport Number																

Company Registration number	<div style="display: flex; justify-content: space-between;"> <span>_____ / _____</span> <span>_____ / _____</span> </div>															
* CC Registration																
* Please include CC/CK where applicable																
Practise Number																

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

<p>PLEASE RETURN TO THE RELEVANT REGIONAL OFFICE THAT SUPPLIED THE FORM OR THE FOLLOWING ADDRESS:</p> <p>Department of Energy  Private Bag X 19  ARCADIA  0007</p>
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**NB: All relevant fields must be completed**