



**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	<table border="1" style="width: 100%; height: 20px;"></table> Area Code	<table border="1" style="width: 100%; height: 20px;"></table> Telephone Number	<table border="1" style="width: 100%; height: 20px;"></table> Extension
Home	<table border="1" style="width: 100%; height: 20px;"></table> Area Code	<table border="1" style="width: 100%; height: 20px;"></table> Telephone Number	<table border="1" style="width: 100%; height: 20px;"></table> Extension
Fax	<table border="1" style="width: 100%; height: 20px;"></table> Area Code	<table border="1" style="width: 100%; height: 20px;"></table> Fax Number	
Cell	<table border="1" style="width: 100%; height: 20px;"></table> Area Code	<table border="1" style="width: 100%; height: 20px;"></table> 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**