

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) <table border="1" style="display: inline-table; width: 400px; 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	<table border="1" style="width: 100%; height: 20px;"></table>		
Contact Person	<table border="1" style="width: 100%; height: 20px;"></table>		

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