



**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) <table border="1" style="display: inline-table; width: 40%; height: 20px;"></table>

ID Number 



  
 Passport Number

Company Registration number 



  
 \* CC Registration

\* Please include CC/CK where applicable  
 Practise Number

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

**Contact Details**

Business	<table border="1" style="width: 25%; height: 20px;"></table> Area Code	<table border="1" style="width: 25%; height: 20px;"></table> Telephone Number	<table border="1" style="width: 25%; height: 20px;"></table> Extension
Home	<table border="1" style="width: 25%; height: 20px;"></table> Area Code	<table border="1" style="width: 25%; height: 20px;"></table> Telephone Number	<table border="1" style="width: 25%; height: 20px;"></table> Extension
Fax	<table border="1" style="width: 25%; height: 20px;"></table> Area Code	<table border="1" style="width: 25%; height: 20px;"></table> Fax Number	
Cell	<table border="1" style="width: 25%; height: 20px;"></table> Area Code	<table border="1" style="width: 25%; height: 20px;"></table> Cell Number	
Email Address	<table border="1" style="width: 80%; height: 20px;"></table>		Contact Person <table border="1" style="width: 15%; 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
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**NB: All relevant fields must be completed**