



**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: 150px; height: 20px;"></table>

ID Number

Passport Number

Company Registration number 

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\* 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**