# DEPARTMENT OF ENERGY

# REPUBLIC OF SOUTH AFRICA

SUPPLIER MAINTENANCE:

BAC ☐ PMIS ☐ LOGIS ☐ WCS ☐ CONTRACTOR
☐ CONSULTANT

OFFICE: ……

**The Director General: Department of Energy**

I / we hereby request and authorize you to pay any amounts, which may accrue to m e/ us to the credit of my / our account with the mentioned bank.

I / we understand that the credit transfers hereby authorized will be processed by computer through a system known as "ACB – Electronic Fund Transfer Service", and I / we understand that not additional advice of payment will be provided by my / our bank, but that the details of each payment will be printed on my / our bank statement or any accompanying voucher. (This does not apply where it is not customary for banks to furnish bank statements).

I / we understand that the Department will supply a payment advice in the normal way, and that it will indicate the date on which the funds will be made available on my / our account.

This authority may be cancelled by me / us by giving thirty days notice by prepaid registered post. **Please ensure information is validate a per required bank screens.**

I / we understand that bank details provided should be exactly as per the records held by the bank.
I / we understand that the Department will not assume e responsibility for any delayed payments, as a result of incorrect information supplied.

| Company / Personal Details | |
|---|---|
| Registered Name | |
| Trading Name | |
| Tax Number | |
| Title | |
| Initials | |
| First Name | |
| Surname | |
| **Address Details** | |
| Payment Address (Compulsory if Supplier) | |
| | |
| | |
| | |
| Postal Code | |

| New Detail | | | | | | | |
|---|---|---|---|---|---|---|---|
| | New Supplier information | | | | Update Supplier information | | |
| | | | | | | | |
| Supplier Type | | Individual | | Department | | Partnership | |
| | | Company | | Trust | | CC | |
| | | Other (Specify) | | | | | |
| | | | | | | | |
| Department Number | | | | | | | |

## 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

- Cheque Account
- Savings Account
- Transmission Account
- Bond Account
- Other (Please specify)

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 — 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) |

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**