



**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	<input type="text"/>
Account number	<input type="text"/>

Branch Name	<input type="text"/>
Branch Number	<input type="text"/>
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) <input type="text"/>

ID Number	<input type="text"/>
Passport Number	<input type="text"/>

Company Registration number	<input type="text"/> / <input type="text"/>
* CC Registration	<input type="text"/>
* Please include CC/CK where applicable	<input type="text"/>
Practise Number	<input type="text"/>

**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	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Area Code	Telephone Number	Extension
Home	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Area Code	Telephone Number	Extension
Fax	<input type="text"/>	<input type="text"/>	
	Area Code	Fax Number	
Cell	<input type="text"/>	<input type="text"/>	
	Area Code	Cell Number	
Email Address	<input type="text"/>	Contact Person	<input type="text"/>

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**