

Supplier Account Details

(Please note that this account MUST be in the name of the supplier. No 3rd party payments allowed).

Account Name [grid]
Account number [grid]

Branch Name [grid]
Branch Number [grid]
Account Type [grid]
Cheque Account
Savings Account
Transmission Account
Bond Account
Other (Please specify) [grid]

ID Number [grid]
Passport Number [grid]

Company Registration number [grid]
* CC Registration
* Please include CC/CK where applicable
Practise Number [grid]

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 [grid] Area Code [grid] Telephone Number [grid] Extension [grid]
Home [grid] Area Code [grid] Telephone Number [grid] Extension [grid]
Fax [grid] Area Code [grid] Telephone Number [grid]
Cell [grid] Area Code [grid] Cell Number [grid]
Email Address [grid] Contact Person [grid]

Table with 2 columns: Supplier Signature, Regional Office Sender, Print Name, Rank, 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