

Supplier Account Details

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

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

Branch Name	<input type="text"/>				
Branch Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Type	<input type="checkbox"/>	Cheque Account	<input type="text"/>		
	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Passport Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

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"/>

<input type="text"/>	<input type="text"/>
Supplier Signature	Regional Office Sender
<input type="text"/>	<input type="text"/>
Print Name	Print Name
<input type="text"/>	<input type="text"/>
<input type="text"/>	Rank
<input type="text"/>	<input type="text"/>
Date (dd/mm/yyyy)	Date (dd/mm/yyyy)

<p align="center">PLEASE RETURN TO THE RELEVANT REGIONAL OFFICE THAT SUPPLIED THE FORM OR THE FOLLOWING ADDRESS:</p> <p align="center">Department of Energy Private Bag X 19 ARCADIA 0007</p>

NB: All relevant fields must be completed