



**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             | <table border="1"> <tr><td><input type="checkbox"/></td><td>Cheque Account</td></tr> <tr><td><input type="checkbox"/></td><td>Savings Account</td></tr> <tr><td><input type="checkbox"/></td><td>Transmission Account</td></tr> <tr><td><input type="checkbox"/></td><td>Bond Account</td></tr> <tr><td><input type="checkbox"/></td><td>Other (Please specify)</td></tr> </table> |  |  |  |  |  |  |  |  |  |  |  | <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="checkbox"/> | Cheque Account   |  |  |  |  |  |  |  |  |  |  |  |                          |                |                          |                 |                          |                      |                          |              |                          |                        |
| <input type="checkbox"/> | Savings Account  |  |  |  |  |  |  |  |  |  |  |  |                          |                |                          |                 |                          |                      |                          |              |                          |                        |
| <input type="checkbox"/> | Transmission Account   |  |  |  |  |  |  |  |  |  |  |  |                          |                |                          |                 |                          |                      |                          |              |                          |                        |
| <input type="checkbox"/> | Bond Account   |  |  |  |  |  |  |  |  |  |  |  |                          |                |                          |                 |                          |                      |                          |              |                          |                        |
| <input type="checkbox"/> | 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**