

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

<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) <table border="1" style="display: inline-table; width: 200px; height: 20px;"></table>

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	<table border="1" style="width: 100%; height: 20px;"></table> Area Code	<table border="1" style="width: 100%; height: 20px;"></table> Telephone Number	<table border="1" style="width: 100%; height: 20px;"></table> Extension
Home	<table border="1" style="width: 100%; height: 20px;"></table> Area Code	<table border="1" style="width: 100%; height: 20px;"></table> Telephone Number	<table border="1" style="width: 100%; height: 20px;"></table> Extension
Fax	<table border="1" style="width: 100%; height: 20px;"></table> Area Code	<table border="1" style="width: 100%; height: 20px;"></table> Fax Number	
Cell	<table border="1" style="width: 100%; height: 20px;"></table> Area Code	<table border="1" style="width: 100%; height: 20px;"></table> Cell Number	
Email Address	<table border="1" style="width: 100%; height: 20px;"></table>		
Contact Person	<table border="1" style="width: 100%; height: 20px;"></table>		

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