

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: 300px; height: 20px;"></table>

ID Number

Passport Number

Company Registration number

 /

 /

* CC Registration

* Please include CC/CK where applicable

Practise Number

<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	<table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 150px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>
	Area Code	Telephone Number	Extension
Home	<table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 150px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>
	Area Code	Telephone Number	Extension
Fax	<table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 150px; height: 20px;"></table>	
	Area Code	Fax Number	
Cell	<table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 150px; height: 20px;"></table>	
	Area Code	Cell Number	
Email Address	<table border="1" style="display: inline-table; width: 300px; height: 20px;"></table>	Contact Person	<table border="1" style="display: inline-table; width: 200px; height: 20px;"></table>

Supplier Signature	Regional Office Sender
Print Name	Print Name
	Rank
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