

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: 60%; 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

 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