



**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><td colspan="23"></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)																							
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<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**