

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
 Cheque Account
 Savings Account
 Transmission Account
 Bond Account
 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

<input type="text"/>	<input type="text"/>
Supplier Signature	Regional Office Sender
<input type="text"/>	<input type="text"/>
Print Name	Print Name
<input type="text"/>	<input type="text"/>
<input type="text"/>	Rank
<input type="text"/>	<input type="text"/>
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