



**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

<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) <input type="text"/>

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**