



**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></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"/>	Bond Account																											
<input type="checkbox"/>	Other (Please specify)																											

ID Number												
Passport Number												

Company Registration number	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td><td></td><td>/</td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																		/						/																	
						/						/																														
* 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**