

Supplier Account Details

(Please note that this account MUST be in the name of the supplier. No 3rd party payments allowed).

Account Name

Grid for Account Name

Account number

Grid for Account number

Branch Name
Branch Number
Account Type

Branch Name
Branch Number
Account Type (Cheque Account, Savings Account, Transmission Account, Bond Account, Other (Please specify))

ID Number

Grid for ID Number

Passport Number

Grid for Passport Number

Company Registration number

Grid for Company Registration number (with slashes)

* CC Registration

* Please include CC/CK where applicable

Practise Number

Grid for 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

Grid for Business Area Code

Area Code

Grid for Business Telephone Number

Telephone Number

Grid for Business Extension

Extension

Home

Grid for Home Area Code

Area Code

Grid for Home Telephone Number

Telephone Number

Grid for Home Extension

Extension

Fax

Grid for Fax Area Code

Area Code

Grid for Fax Number

Fax Number

Cell

Grid for Cell Area Code

Area Code

Grid for Cell Number

Cell Number

Email Address

Grid for Email Address

Contact Person

Grid for 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