



**KenGen**

## Supplier Master Record Update Form

Name:

P.O. Box Address:

City

Post Code

Country

Landline Number

Mobile Number

Fax Number

Email

Contact Person (CP)

(CP) Direct Line

Registered Office

Bank

Branch

Branch Code

Bank Account Number

Date

Signature

**To be filled by the systems office.**

Account Number

Signature

Date

Signature