

Supplier Application/Amendment Form



| STEP 1: Request Type | |
|------------------------------------|--|
| New/ Amend Request: | |
| Contracting Department Entity: | |
| Supplier start date: | |
| Supplier end date (if applicable): | |
| Are you an ongoing Supplier? | |

| STEP 2: Supplier Details (ABN and Entity Name details must match ABR records via abr.gov.au) | |
|--|----------|
| Supplier Number (if applicable): | |
| Legal Entity Name: | |
| ABN: | GST Reg: |
| (Please complete Statement by Supplier ABN exemption form if ABN not applicable) | |
| Address: | |
| State/ Postcode: | |
| Country: | |

| STEP 3: Contact Details | |
|--------------------------|--|
| Primary Contact: | |
| Phone: | |
| Email: | |
| Remittance advice email: | |

| STEP 4: RCI/RCTI (if applicable) | |
|--|----------------------|
| Please select RCI or RCTI if invoice(s) are to be generated on behalf of the supplier - An agreement with the supplier is needed at time of Procurement. | |
| Recipient Created Invoice (for non GST registered suppliers), RCI | Agreement Reference: |
| Recipient Created Tax Invoice (for GST registered suppliers), RCTI | Agreement Reference: |

| STEP 5: Bank Account Information | | | |
|----------------------------------|-----|---------|--|
| Please Select | New | Amended | |
| Bank Name: | | | |
| Account Name: | | | |
| BSB: | | | |
| Account Number: | | | |

| For Amended Bank Information, please confirm your previous account details: | | | |
|---|--|--|--|
| Bank Name: | | | |
| Account Name: | | | |
| BSB: | | | |
| Account Number: | | | |

| Bank Verification Documents to be provided: | |
|---|--|
| Certified copies of one (1) of the following: | |
| a. Letter from your bank with the bank details (to include account name, bank name, BSB & account number, bank routing numbers, IBAN/Swift Code, address) | |
| b. Cancelled/Voided Check with bank account details present | |
| c. Redacted bank statement (screenshot of the top portion with bank information only) | |
| d. Bank issued Deposit Slip | |
| For a list of people authorised to certify documents please click here. | |

| STEP 6: Additional Supplier Information | |
|--|--|
| Do you have a Victorian based operation? | |
| How many employees do you have? | |
| What is the company's annual turnover? | |
| Are you a certified Aboriginal business? | |
| Are you a social enterprise? | |
| What type of social enterprise do you identify with? | |
| Accredited by Social Traders or equivalent? | |

- Conditions of Agreement:**
- Application is valid for 30 days from signature date.
 - The supplier is responsible for the accuracy of the above details.
 - The supplier is responsible in advising the Department in writing of any changes to the above account details prior to the Department making those changes or closing the nominated account. Bank account changes cannot be solely notified on an invoice.
 - Payment will be deemed to have been made when the Department has authorised its bank to credit the supplier's nominated account.
 - The supplier agrees to repay the Department on demand any payments credited to the suppliers account in error and reserves the right to offset the amount of any overpayment made in error against any future liability owing by the Department to the supplier.
 - The Department will not be responsible for any delays in payment or errors in the banking system or errors on account details supplied.
 - One time payment suppliers will remain active for 60 days.

| STEP 7: Declaration by Company Authorised Signatory | |
|---|-------|
| Position: | Date: |
| Signature: | |
| Full Name: | |

| STEP 8: Email to Corporate Payments | |
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| Please save as PDF and email this form and mandatory bank account verification documentation to STVIC.Finance@safetransport.vic.gov.au | |
| Please copy your Contract Manager at the Department. | |

| For Department Use Only | | | |
|---------------------------|--|--------------------------|--|
| Supplier Number: | | | |
| Date Request Received: | | | |
| Date Processed: | | Processed By: | |
| Date Verified: | | Verified By: | |
| Date Complete & Approved: | | Completed & Approved By: | |
| Date Supplier Notified: | | Notification By: | |