# Supplier Creation / Maintenance Form

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| **Please send forms to:** | | | | | | | | | | | | | | |
| Buildings and Contracts suppliers: METRO: [BusinessAppsSupport@finance.wa.gov.au](file:///C:\Users\zdtf2049\Downloads\BusinessAppsSupport@finance.wa.gov.au)  REGIONAL: [SA12@finance.wa.gov.au](mailto:SA12@finance.wa.gov.au) | | | | | | | | | | | | | | |
| State Fleet suppliers: [state.fleet@finance.wa.gov.au](mailto:state.fleet@finance.wa.gov.au) | | | | | | | | | | | | | | |
| All other suppliers: [gfofinancerequests@finance.wa.gov.au](mailto:gfofinancerequests@finance.wa.gov.au), or  General Financial Operations, Locked Bag 11, Cloisters Square WA 6850 | | | | | | | | | | | | | | |
| **Suppliers will be added according to standard WA Government terms and conditions for suppliers.**  **This form must be completed in full and the information true and correct. Incomplete forms will be returned.** | | | | | | | | | | | | | | |
| Are you a new supplier to the Department of Finance? **Yes**  or **No  *please check box (mandatory)*** | | | | | | | | | | | | | | |
| Buildings and Contracts Suppliers only:  Are you a Project Bank Account Supplier? **Yes**  or **No**  **If “Yes”** Contract Number:      PA Project Number: | | | | | | | | | ***CPID – Counter Party Identifier (mandatory)***  Choose an item.  ***please click on choose an item above*** | | | | | |
| Legal Entity Name (Company or Individual name/s. And Trust name if relevant) | | | | |  | | | | | | | | | |
| Registered Business Name (If relevant. Must be registered to the legal entity) | | | | |  | | | | | | | | | |
| Vendor Name to appear on your Invoices | | | | |  | | | | | | | | | |
| Is your business registered as an aboriginal business on the Aboriginal Business Directory WA or Supply Nation? *Please refer to* [www.abdwa.com.au](http://www.abdwa.com.au) or www.supplynation.org.au *to ascertain if your business qualifies for registration.* **Yes**  or **No** | | | | | | | | | | | | | | |
| Is your business operating under a Trust arrangement? If so, please forward a copy of the Trust Deed and any of its amendments. **Yes**  or **Not Applicable**  ***please check box (mandatory)*** | | | | | | | | | | | | | | |
| **ABN and GST registration status for commercial suppliers only**  ABN:                                  ACN:                          Are you registered for GST? **Yes**  or **No**  ***please check box (mandatory)***  **NOTE:** Under ATO legislation if a supplier fails to supply either an ABN or a completed ‘Statement By Supplier’ form they will have withholding tax of 47% deducted from their payment/s | | | | | | | | | | | | | | |
| **Payment Details \*Remittance Email Address must be provided** | | | | | | | | | | | | | | |
| Postal Address: | | |  | | | | | | | | | | | |
| Contact Name: | | |  | | | | Phone No: | | |  | | | | |
| Bank & Branch Name: | | |  | | | | BSB No (xxx-xxx): | | |  | | | | |
| Account Name: | | |  | | | | Account Number: | | |  | | | | |
| **\***RemittanceEmail Address: | | |  | | | | | | | | | | | |
| **Delivery Details (purchase order will be sent to the contact details below)** | | | | | | | | | | | | | | |
| Street Address: | | |  | | | | | | | | | | | |
| Contact Name: | | |  | | | | Phone No: | | | |  | | | |
| Email Address: | | |  | | | | | | | | | | | |
| I (supplier of the goods/services) confirm that the above details are true and correct: | | | | | | | | | | | | | | |
|  |  |  | |  | |  | |  | | | |  | /  / |  |
|  | **Name** |  | | **Job Title** | |  | | **Signature** | | | |  | **Date** |  |
|  |  |  | |  | |  | |  | | | |  |  |  |