# Supplier Creation / Maintenance Form

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| **Please send forms to:** |
| Buildings and Contracts suppliers: METRO: BMWSystemsSupport@finance.wa.gov.au; REGIONAL: SA12@finance.wa.gov.au |
| State Fleet suppliers: state.fleet@finance.wa.gov.au |
| All other suppliers: fpfinancerequests@finance.wa.gov.au, or FirstPoint Finance, 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. |
| 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** |  |
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