

INSTRUCTIONS FOR COMPLETING A VENDOR CREATION AMENDMENT FORM

Department is South Australia Fire and Emergency Services Commissions

Create New Vendor is selected if you have never received a payment from the SA government prior

Amend Vendor is selected if you or your business have previously received a payment, but details have changed i.e. bank account

OFFICIAL

SHARED SERVICES SA
VENDOR CREATION AMENDMENT FORM
SUPPORTING DOCUMENTATION MUST ACCOMPANY THIS FORM

VENDOR DETAILS

Department:

Create New Vendor ☐ Amend Vendor ☐

Vendor Code (if known):

Form completed by Vendor ☐
Form completed by Agency ☐
Source documents sensitive to supply (agency maintains record of source documentation due to confidentiality) ☐

VENDOR TYPE

SA Government ☐ Other Australian Government ☐ Business ☐ Foreign Entity ☐ Individual ☐

Employee ☐ please provide SA Gov Employee ID:

PAYMENT DETAILS (Business/Individual)

Australian Business Number (A.B.N.):

Business Name:

First Name: Surname:

Address/PO Box:

Suburb: State: Post Code:

Fax Number: Phone Number: Mobile Number:

Email address for Remittance:

*Where a Vendor (business or individual) has supplied goods or services to the payer and is not required to quote an Australian Business Number (ABN), a Statement by a Supplier form is required. Withholding tax is applied if the Vendor does not supply a valid ABN or Statement by a Supplier form.

EFT BANK DETAILS

BSB Number: Account Number:

Financial Institution: Name on Account:

Payment will have been deemed to be made when Shared Services SA has instructed the appropriate banking authority to credit the above account. Shared Services SA will not be responsible for any delays in the payment or errors due to factors outside of its control including delays or errors in the banking systems or errors in the account details supplied. Vendor is required to repay Shared Services SA any payments credited to the vendor in error. Shared Services SA reserves the right to offset any amount paid in error against future payments.

REQUESTED BY: (Agency use only)

I confirm this vendor has been engaged to provide goods/services, please proceed with the vendor creation.

Name: Phone Number:

Signature: + Date:

Position Title:

† Please submit with your full business signature block/logo via Email or sign this form then Fax or Post:
Email: APVendors@sharedservices.sa.gov.au
Fax: (08) 8124 9874

OFFICIAL

Please **ONLY** select Form completed by Vendor

If you are applying as an individual farmer please select **"Individual"**

If you are applying as a farming business please select **"Business"**

Please enter your details in the Payment Details section

Please enter your EFT Bank Details for payment

DO NOT complete this section and leave it blank

Please **ONLY** attach this form to your application – no need to submit to APVendors@sharedservices.sa.gov.au