

SHARED SERVICES SA

VENDOR CREATION AMENDMENT FORM**SUPPORTING DOCUMENTATION MUST ACCOMPANY THIS FORM****VENDOR DETAILS**Department: Create New Vendor Amend Vendor

Form completed by Vendor

Form completed by Agency

Vendor Code (if known): 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 DETAILSBSB 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

