

## Supplier Creation or Supplier Maintenance Form

All suppliers are required to forward this form to [enquiries@infrastructure.wa.gov.au](mailto:enquiries@infrastructure.wa.gov.au) or to IWA, Locked Bag 2001, West Perth WA 6872. **We also require a copy of a Bank Statement displaying the Account Name, BSB, and the Account number. All account balances and transactions details can be removed.**

**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 Infrastructure WA? Yes  or No  **please check box (mandatory)**

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](http://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 \*An email address must be provided for payments

Postal Address:

Contact Name:

Phone No:

Bank & Branch Name:

BSB No (xxx-xxx)

Account Name:

Account Number:

\*Email Address for Remittance Advice:

### Supplier's Delivery Details (purchase order will be sent to the contact details below)

Order Placement Street Address:

Contact Name:

Email Address:

Phone No:

Fax No:

I (supplier of the goods/services) confirm that the above details are true and correct:

\_\_\_\_\_

**Name**

\_\_\_\_\_

**Job Title**

\_\_\_\_\_

**Signature**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**Date**