



## New Supplier Form

### Initiating Department Contact Details

Staff Name	
Position	
Phone Number	
Email Address	
Name of Department	
Type of work/goods/services to be undertaken	

### Supplier Details

Creditor Legal Name	
Creditor Trading Name	
GST number	
Address 1	
Address 2	
City and Post Code, and Country (if not NZ)	
Phone Number (include country code)	
Email Address (for remittance advices)	
Email Address (for purchase orders)	
NZ Bank Account Number (if applicable)	
Currency for payments (NZD if not specified)	
<b>Non-NZ bank account (if applicable):</b>	
Sort Code: (Also known as: ABN/BSB/Transit/Fedwire No.)	Swift/BIC Code:
	Account No./IBAN:
<b>Please see below examples of acceptable bank account verification:</b>	
<ul style="list-style-type: none"> <li>• Letter on letterhead with the bank details.</li> <li>• Invoice which displays your logo.</li> <li>• Pre-printed deposit slip.</li> <li>• Hand written deposit slip verified (signed &amp; stamped) by the bank.</li> <li>• Copy of a bank statement or any other bank generated document showing the bank logo, account name and number.</li> </ul>	

Upon Completion of this form, the form needs to be returned to the Accounts Payable, Financial Services Division.

Or Fax to: 03 479 8040

Or Scan the completed form and email to: [accounts@otago.ac.nz](mailto:accounts@otago.ac.nz)