



NEW DOMESTIC SUPPLIER FORM

INITIATING DEPARTMENT CONTACT DETAILS

Name:	
Position:	
Department:	
Contact phone number:	
Contact email address:	
Type of work/goods/services to be undertaken:	

SUPPLIERS CONTACT DETAILS

Creditors Legal Name:	
Creditors Trading Name:	
GST Number:	
NZBN Number:	
Address 1:	
Address 2:	
City:	
Country:	
Post Code:	
Phone Number:	
Email address: <i>(for remittance advices)</i>	
Email address: <i>(for purchase orders)</i>	

SUPPLIERS BANK ACCOUNT DETAILS

Bank Name:	
Bank Account Name: <i>(The name on the bank account supplied must match the invoice)</i>	
BSB Number:	
Bank Account Number:	
Please send below examples of acceptable bank account verification	
<ul style="list-style-type: none"> • Pre-printed deposit slip • Hand written deposit slip verified (signed & stamped) by the bank • Copy of bank statement or any other bank generated document showing bank logo, account name and number 	

Upon completion of this form, the form needs to be returned to Accounts Payable

Email: accounts@otago.ac.nz

Fax: 03 479 8040