

New domestic supplier form

Initiating department contact details (Office use only)

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

Supplier contact details

Creditor's legal name:	
Creditor's trading name:	
GST number:	
NZBN number:	
Address 1:	
Address 2:	
City:	
Country:	
Post code:	
Phone number:	
Email address: (for remittance advice)	
Email address: (for purchase orders)	
Payment terms: <small>(Payment will default to 20th of the following month unless advised)</small>	

Supplier bank account details

Bank name:	
Bank account name: <small>(The name on the bank account supplied must match the invoice)</small>	
BSB number:	
Bank account number:	

Please send below examples of acceptable bank account verification:

- Pre-printed deposit slip
- Hand written deposit slip verified (signed and stamped) by the bank
- Copy of bank statement or any other bank generated document showing bank logo, account name and number

Suppliers potential conflict of interest declaration

<p>Are any directors, employees, or associated persons also University of Otago employees or former employees within the last two years?</p>	<p>YES NO</p>
<p>If yes, list name(s) and association:</p>	
<p>Are you a near relative of an employee at the University of Otago?</p>	<p>YES NO</p>
<p>Is this agreement with the department in which you or your near relative currently or previously work?</p>	
<p>Is there any perceived conflict of interest you wish to declare?</p>	
<p>Please provide further explanation for every "yes" response:</p>	
<p>Contact name:</p>	<p>Position:</p>
<p>Signed:</p>	<p>Date: </p>

Please note: All suppliers are to be aware of and follow the Universities [COVID-19 vaccination requirement for contractors](#)

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

Email: accounts@otago.ac.nz