



Supplier Creation/Maintenance Form

Suppliers include any business or individual from which SA Health purchases goods and/or services. This form can be used by new suppliers and existing suppliers who would like to update/amend their details.

Please complete all required sections of this form, ensure it is signed by an authorised person, and return to the Supplier Maintenance Team via APHealthvendors@sharedservices.sa.gov.au or fax to +61 8 8115 5763.

This form is only to be completed by the supplier/vendor/individual. An SA Health employee must not complete this form on behalf of the supplier/vendor/individual.

SECTION 1 – REQUEST TYPE		
<input type="checkbox"/> New supplier <input type="checkbox"/> Update/amend existing supplier details		Supplier ID:
SECTION 2 – GENERAL SUPPLIER DETAILS		
Registered Trading Name		
Entity Name		
Registered Business Address		
ABN		Registered for GST? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Note: Under Australian Tax Office (ATO) legislation, failure to supply either an ABN or a completed Statement By A Supplier Form will result in withholding tax of 47% deducted from payment.</i>		
SECTION 3 – PURCHASE ORDER DETAILS (purchase orders will be issued to the details outlined below)		
Street Address		
Email for Purchase Orders		
Sales Contact Name		
Position Title		
Sales Contact Telephone		
SECTION 4 – FINANCE DETAILS (payments and remittance advice will be sent to the details outlined below)		
Postal Address		
Accounts Dept Telephone		
Email For Remittance		
Name of Financial Institution		
Branch Address		
BSB	Account Number	
Account Name		

NOTES

- Illegible/incomplete forms will be returned to the Authorised Representative outlined in Sections 5 for correction.
- All suppliers are added in accordance with standard Department for Health and Wellbeing terms and conditions of supply, including 15 day payment terms. Please visit [PO Terms & Conditions.pdf](#) to view a copy of our full terms and conditions.
- All invoices for goods/services purchased by SA Health must be addressed in accordance with our Purchase Order and reflect billing details as follows:

Registered trading name
Attention: Full name of contact
C/- Accounts Payable
GPO BOX 11027
ADELAIDE SA 5001

- All payment enquiries should be directed to the Department for the Premier and Cabinet, Shared Services SA, telephone +61 8 8372 7502 (select option 2 > option 1) or email APHealthEnquiries@sharedservices.sa.gov.au
- Please allow up to two (2) business days for Supplier Maintenance to action your approved request. Urgent requests should be brought to the attention of the Team Leader, Supplier Maintenance by contacting +61 8 7133 8125
- A confirmation of account creation/amendment will be emailed to the Form Authoriser outlined in Section 5 once your request has been actioned.

SECTION 5 – DECLARATION	
Name of Authorised Representative	
Position Title	
Email	
Telephone	
DECLARATION	
I declare that I am an authorised representative of the supplier/vendor/individual outlined in section 2 and I have read and understood the above Notes and Terms and Conditions.	
I confirm that the registered trading name and ABN, if provided, are strictly in accordance with relevant certificates of registration, and that the above finance details are accurate and provided in good faith.	
The supplier/vendor/individual will be responsible for any loss or damage that SA Health experiences as a result of any incorrect information provided in this form.	
By signing the below, I hereby verify that I am duly authorised to sign for and on behalf of the supplier/vendor/individual and that all information contained herewith is true and correct.	
Signature	
Date	

Fully completed and authorised forms must be emailed to SA Health Supplier Maintenance Team via APHealthvendors@sharedservices.sa.gov.au or faxed to + 61 8 8115 5763.