DELWP Supplier Details Form

COMPLETE ALL FIELDS IN CLEAR, LEGIBLE, LARGE BLOCK LETTERS

ABN - Must be 11 digits		**Registered for GST?** Yes / No	
Entity name **abr.business.gov.au**			
Trading name **(as on your invoices)**			
Postal address	**P.O. Box (preferred) or Street Address**		
	City, suburb, or town	**State**	**Postcode**
Accounts	**Phone#**	**Name**	
Remittance for EFT	**If possible, provide a generic email address for remittance** **Email**		
DELWP employee requesting this form	**Name** **Phone#** **Email**		
Bank account name			
BSB (Must be 6 digits)	☐☐☐ - ☐☐☐		
Account# (Max of 9 digits)	☐☐☐☐☐☐☐☐☐		
Financial institution name			

I hereby request you to direct credit to the bank account above for amounts owed by DELWP to the named supplier.
I certify the bank details I am providing are correct.

_____ Date: / /
SIGNATURE OF COMPANY DIRECTOR OR PAYEE

Return the completed form to DELWP Accounts Payable:
Email supplier.maintenance@delwp.vic.gov.au
Post DELWP Accounts Payable, Locked Bag 32017, Collins St. East, Vic. 8003

For queries regarding this form, contact DELWP Accounts Payable:
Phone 03 9637 9434
Email supplier.maintenance@delwp.vic.gov.au