

SUPPLIER REGISTRATION FORM

Company Name: _____

Trading Details: (if different): _____

ABN / ACN: _____

Business Structure (e.g. Sole Trader, Partnership, Company): _____

GST Registered: _____

Contact Information:

Primary Contact Name: _____

Phone Number: _____

Email Address: _____

Postal Address: _____

Banking Details:

Bank Name: _____

Account Name: _____

BSB Number: _____ Account Number: _____

Insurance Information:

Public Liability Insurance Provider: _____

Policy Number: _____

Expiry Date: _____

Workplace Health and Safety (WHS):

Do you have WHS policies in place? _____

If yes, please provide details or attach documentation.

Declarations and Agreement:

I declare that the information provided in this Supplier Registration Form is true and correct to the best of my knowledge. I acknowledge that providing false or misleading information may result in termination of any agreements with the company. I agree to comply with all applicable Australian laws, regulations and company policies relevant to my provision of goods and/or services.

Privacy and Confidentiality:

Personal and business information collected in this form will be handled in accordance with the Australian Privacy Principles under the Privacy Act 1988 (Cth). Information will be used solely for supplier management purposes and will not be disclosed to third parties without consent except where required by law.

Supporting Documentation Checklist:

- ABN / ACN Confirmation
- Certificate of Insurance
- WHS Policy Documentation
- Relevant Licenses or Certifications
- Bank Account Details Verification
- Other (please specify): _____

SUPPLIER AUTHORIZED SIGNATORY

FOR COMPANY USE ONLY

Signature: _____
Name: _____
Position: _____
Date: _____

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Name: _____
Position: _____
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