# FBA01-37-01 SUPPLIER DETAILS FORM

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| The Supplier Details Form needs to be completed by any entity that will be invoicing FBA for payment. The form supports the agreement and/or arrangement between FBA and the Supplier and enables financial payment/s. No financial payments will occur until this form is completed and returned to accounts@fba.org.au. The Supplier Details Form is valid for the financial year in which it is completed. It is the responsibility of the Supplier to advise FBA of any changes that affect the Supplier Details FBA have for their records.  |

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| 1. BUSINESS DETAILS
 |
| Entity Name: |  |
| Trading Name: (if applicable) |  |
| ABN: |  | GST REGISTERED: | Yes[ ]  | No[ ]  |
| IndigenousSupplier(Aboriginal &/or Torres Strait Islander) | Yes[ ]  | No[ ]  |  Registered with Supply Nation <https://supplynation.org.au/> | Yes[ ]  | No[ ]  |
|  Address: |  |
|  Email: |  |
|  Web Address: |  |
|  Phone: |  |  Mobile: |  |
|  |  |  |  |
|  |  |  |  |
| 1. BUSINESS CONTACT PERSON
 |
|  Name: |  |
| Position Title: |  |
|  Email: |  |
|  Phone: |  |  Mobile: |  |
|  |  |  |  |
|  |  |  |  |
| 1. BUSINESS ARRANGEMENT WITH FITZROY BASIN ASSOCIATION
 |
| [ ]  My Entity delivers contracted services as part of a formal agreement. *Please proceed to section 4.* |
| [ ]  My Entity supplies goods and services to meet organisational needs. *Please proceed to section 5.*  |
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| 1. INSURANCES
 |
| My Entity holds the following insurances relevant to the formal agreement terms and conditions: |
| Insurance Type | Applicable | Not Applicable |
| [ ]  Public Liability |[ ] [ ]
| [ ]  Workcover |[ ] [ ]
| [ ]  Professional Indemnity |[ ] [ ]
| [ ]  Plant and Equipment |[ ] [ ]
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| 1. FINANCIAL DETAILS
 |
| Bank Name: |  |
| BSB: |  |
| Account Name: |  |
| Account Number: |  |
| Payment Term: | [ ]  On Receipt | [ ]  7 days | [ ]  14 days | [ ]  30 days | [ ]  60 days |
|  |  |
|  |  |
| 1. FINANCIAL CONTACT PERSON
 |
| [ ]  Same details as 2. BUSINESS CONTACT PERSON. *Please proceed to section 7.* |
| Authorised Contact Name: |  |
| Position Title: |  |
| Accounts Email Address: |  |
|  Phone: |  | Mobile: |  |
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| 1. DECLARATION
 |
| By signing this Supplier Details Form I declare and understand:  |
|[ ]  I have attached the relevant Certificate of Currencies |
|[ ]  I am the authorised person to supply these details |
| [ ]  | All details are true and correct |
|  [ ]  | Any changes to these details need to be communicated with FBA |
|[ ]  FBA will only make payment to this account |
|[ ]  These details need to be provided per financial year for the duration of our partnership |
| Signature: |  |
| Name: |  |
| Date: |  |

Please submit your Supplier Details Form to our Business Support Officer via: accounts@fba.org.au

We look forward to doing business with you!

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| *FBA USE ONLY* |
| *Supplier Details Form received* | *Date:* | *Name:* |
| [ ] Yes | [ ] No | [ ] NA | *Confirm ABN Details* |
| [ ] Yes | [ ] No | [ ] NA | *Confirm Registration with Supply Nation*  |
| [ ] Yes | [ ] No | [ ] NA | *Section 3 Business Arrangement status correct* |
| [ ] Yes | [ ] No | [ ] NA | *Insurances uploaded as attachment to Link!* |
| [ ] Yes | [ ] No | [ ] NA | *Reckon Supplier Centre updated* |
| [ ] Yes | [ ] No | [ ] NA | *Supplier Details Form Hyperlinked to Reckon* |
| *Signature:* |  |
| *Name:* |  |
| *Date:* |  |