

## Supplier Creation/Amendment Form

Please tick the below:

New Supplier:

Amendment:

### Supplier Details:

Entity Name

Trading Name

Postal Address

State

Post Code

Country

Business General Phone Number

Accounts Receivable Phone Number

Email Address (Must be provided for Remittance Advice)

Are you an indigenous supplier?  Yes  No

### Payment Details:

#### Australian Business Number (ABN )details OR 'Statement by a supplier'

Please provide your ABN details, or alternatively complete an Australian Taxation Office Statement by a Supplier form: '[Statement by a supplier](#)'. If you do not have an ABN, or choose not to provide one, you should complete the '[Statement by a Supplier](#)'. If neither ABN details nor a signed '[Statement by a Supplier](#)' provided, we are required to withhold 47% tax from any payments mad to you.

ABN

GST Registered?  Yes  No

ABN Entity Name

## Banking Details:

Financial Institution

Branch or address for overseas account

BSB Number or ABA routing for overseas account

Account Number

Account Holder Name

## Supplier Authorisation

On behalf of the supplier, I confirm that the details provided on this form are true and correct.

Authoriser Name

Title/Position

Signature

Date

## Important Information

Once completed please submit this form in pdf format to your contact person at Central and Eastern Sydney Primary Health Network (CESPHN).

CESPHN works with Eftsure (<https://www.eftsure.com.au>) to verify payment details. This process helps ensure payments are securely made to the correct business by confirming that the nominated bank account details belong to the intended recipient.

You may receive an email and phone call from Eftsure using the email address or phone number nominated above to verify your details. Please action this promptly.

Please address tax invoices to EIS Health Ltd t/a Central and Eastern Sydney PHN Tower A, Level 5, 201 Coward Street Mascot NSW 2020 then send via email to your contact person at CESPHN.