



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 suppliermaintenance@health.sa.gov.au or fax to +61 8 8115 1370. Incomplete/illegible forms will be returned to the Form Authoriser for correction.

SECTION 1 – REQUEST TYPE	
<input type="checkbox"/> New supplier	
<input type="checkbox"/> Update/amend existing supplier details	Supplier ID: <input type="text"/>

SECTION 2 – GENERAL SUPPLIER DETAILS			
Entity Name			
Registered Trading 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 46.5% 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		Fax for Purchase Orders	
Account Contact's Name			
Position Title			
Contact's Telephone		Contact's Fax	

SECTION 4 – FINANCE DETAILS (payments and remittance advice will be sent to the details outlined below)			
Postal Address			
Email For Remittance			
Name of Financial Institution			
Branch Address			
BSB		Account Number	
Account Name			

NOTES

- Illegible/incomplete forms will be returned to the Requester/Form Authoriser outlined in Sections 5 and 6 for correction.
- All suppliers are added in accordance with standard South Australian Government terms and conditions of supply, including 30 day payment terms. [Click here](#) 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 8462 1333 (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 8425 9200 (option 6).
- A confirmation of account creation/amendment will be emailed to the Form Requestor/Form Authoriser outlined in Sections 5 and 6 once your request has been actioned.

SECTION 5 – FORM COMPLETION (details of the person completing form)			
Name			
Position Title			
Email			
Telephone		Fax	
Signature		Date	

SECTION 6 – FORM AUTHORISATION (details of person authorising form)			
Name			
Position Title			
Email			
Telephone		Fax	
I declare that I have read and understood the above Notes and Conditions. I certify that the information provided in this form is true and correct, in particular, that the registered trading name and ABN provided are strictly in accordance with relevant certificates of registration, and that the above finance details are accurate and provided in good faith. I agree to indemnify SA Health against any loss or damage suffered if any of the information provided is incorrect. I also declare that I am authorised to request the creation/amendment of an account with SA Health.			
Signature		Date	

Fully completed and authorised forms must be emailed to SA Health Supplier Maintenance Team via suppliermaintenance@health.sa.gov.au or faxed to + 61 8 8115 1370.