



APPLICATION FORM NEW CREDITOR / MODIFY EXISTING CREDITOR

Council Policy (CP035-Payment of Accounts)

FORM 14

Date stamp

Part 1 Officer Details (Shire of Dardanup Staff Member to complete)

<input type="checkbox"/> New Creditor	<input type="checkbox"/> Existing Creditor	<input type="text"/>	Creditor Number (if known)
---------------------------------------	--	----------------------	----------------------------

Officer Name <input type="text"/>	Department <input type="text"/>
--------------------------------------	------------------------------------

Is there a similar supplier of goods/services already established in our SynergySoft system?

<input type="checkbox"/> Yes, please complete below	<input type="checkbox"/> No; please complete below
---	--

Justification for establishing new supplier (ie sole supplier, new contract/tender awarded)

Are there any Disclosure Interests (ie Related Party/Relative/Conflict of Interest/Financial Interest) to declare?

<input type="checkbox"/> Yes, please complete below	<input type="checkbox"/> No
---	-----------------------------

Disclosure Details (ie Related Party/Relative/Conflict of Interest/Financial Interest)

Signed

Date

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Part 2 Supplier Details (Supplier to complete Parts 2 to 5)

Company/Individual Name <input type="text"/>	Trading Name (if applicable) <input type="text"/>
---	--

Postal Address

Contact Number <input type="text"/>	Email <input type="text"/>
--	-------------------------------

Part 3 Australian Business Number (ABN) if applicable

Does the creditor/supplier have an Australian Business Number (ABN)?

<input type="checkbox"/> Yes; please complete ABN below	<input type="checkbox"/> No; Statement by Supplier form is required
---	---

GST Registered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-----------------	------------------------------	-----------------------------

ABN (11 digits)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Part 4 Bank Account Details for Payment

Bank Code (6 digits) <input type="text"/>	Account Number <input type="text"/>	Account Name <input type="text"/>
--	--	--------------------------------------

Part 5 Declaration

I declare that I have authority to provide the bank details for the Company/Individual as listed in Part 2 and that the bank details I have provided in Part 4 are correct.

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Name <input type="text"/>	Position <input type="text"/>	Date <input type="text"/>
Signature <input type="text"/>		

