Change of Supplier Details Form

[*Enable New Zealand staff process instructions*](https://enableo365.sharepoint.com/:b:/r/sites/EnableNewZealandIntranet/Shared%20Documents/Staff%20Resources/Change%20in%20Supplier%20Details%20Form%20Instructions.pdf?csf=1&e=qsAqms)

**Legal Entity Name**

**Trading Name (if different from above)**

**Customer Number (if known)**

**Requested by**

**Effective Date of Change**

**Change Type**

Change of Supplier Name (fill in Section A)

Change of Supplier Status to ceased trading, in liquidation or bankrupt (fill in Section B)

Change of Supplier Contact Details (fill in Section C)

Change of Primary Contact Details (fill in Section D)

Change of Financial Details (fill in Section E)

Reactivate Supplier Record (fill in Sections C, D and E)

Change in GST status (Change from non GST to GST registered supplier)

If undergoing **both** a name change **and** a change in financial details, complete Section B, select “inactive” and request a **New Supplier Form** to proceed with a new Supplier account opening process.

# Section A – Supplier Name

**Former Legal Entity Name**

**Former Trading Name (if different from above)**

**New Legal Entity Name**

**New Trading Name (if different from above)**

# Section B – Supplier Status

Ceased trading

In liquidation

Bankrupt

Inactive

Other

**Comments**

# Section C – Supplier Contact Details

**Mailing Address**

**Town/City**       **Postcode**

**Physical Address**

**Town/City**       **Postcode**

**Telephone** (  )

**Remittance Email**

**GST Number**

**Goods and/or Services Provided**

# Section D – Primary Contact Details

**Name**

**Telephone** (  )       **Mobile** (   )

**Email**

**Preferred Method of Contact**

**Additional Comments**

# Section E – Financial Details

**Account Name**

**Bank Account Number (must be typed)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

By signing this document, I confirm that I am an authorized signatory for this business and that the bank account details provided in this document are correct for the purpose of payment for future services. I take full responsibility for the any funds paid into this account.

**Name and Role (print)**

**Signature** **Date**    /    /

# Section F – Office Use Only

**Requested by (Initiator)**

**Signature** **Date**    /    /

**Authorised by (Procurement Manager)**

*(If the form includes a name change or status change)*

**Signature** **Date**    /    /

**Recorded by (Reviewing)**

**Signature**       **Date**    /    /

**Approved by (Finance)**

*(If the form includes a change of financial details)*

**Signature**       **Date**    /    /

Notified requestor/initiator

If Audiologist or Optometrist, notified the assessor coordinator