Change of Supplier Details Form

[*Enable New Zealand staff process instructions*](https://enableo365.sharepoint.com/%3Ab%3A/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)

**[ ]** 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