



SUPPLIER & PAYEE DETAILS

Please select one:

New Payee

Amending Details

ABN:

Please select one:

Supplier

Student

Visitor

Student#

ABN Not Applicable:

PAYEE DETAILS

Entity Name*

Trading Name

Address 1*

Address 2

City*

Post Code*

State/Territory*

Country*

CONTACT DETAILS

Phone*

Purchase Order Email

Remittance Email*

UOW STAFF REFERENCE

Name

Phone

Email

COMPANY DETAILS

Business Type

Sole Trader

Company

Other

Please provide a brief description of goods/services required by UOW from this supplier

What is the proposed duration of your contract/engagement (including other contracts with the University)?

Estimated Start Date

Estimated End Date

If working more than 91 days, are you working solely for the University?

Yes

No

Do you have Public & Products Liability Insurance cover to \$20 Million?

Yes

No

DOMESTIC BANKING DETAILS

BSB Number

Account Number

Account Name

Please ensure details are correct as an incorrect BSB or account number will result in your money being paid to the wrong account and may result in the loss of your funds.

INTERNATIONAL BANKING DETAILS

Bank Name*

Bank Address 1*

Address 2

City/State*

Post/Zip*

Bank Country*

Beneficiary Name*

Account Number*

Currency*

Swift Code (BIC Code)

Mandatory for most countries

IBAN Number

Europe/UAE/UK/Pakistan/Estonia/Brazil

ABA/Routing Code

US/Canada

Sort Code

Europe/UK

Extra Requirements

for Wire Transfers

Payments in CAD require branch/bank code - CNAPS code for CNY essential - IFSC required for India

TRADING TERMS

Supplier payment terms for UOW are 30 days from invoice date. For a copy of the latest Terms & Conditions see

www.uow.edu.au/services/finance/purchasingterms/index.html

APPLICATION DECLARATION

To validate any new applicants or changes to banking details the Supplier/Payee must contact Financial Services Division and obtain a verification code. Codes are **MANDATORY for Suppliers**. Please contact Financial Services on +612 4298 1234.

Verification Code

Date Form Completed

I confirm that I am the authorised representative of the payee and that the information I provide in this form will be true and accurate to the best of my knowledge.

Signature/Name

Completed forms must be signed and submitted to accounts-payable@uow.edu.au

Think before you ink. Be Green. Keep it on the screen.