Vendor Required Information

Dear Sir / Madam,

The Ministry of Finance & Treasury has instigated a new policy where no payment will be made to a Vendor unless certain information is provided first.

All Vendors are therefore asked to complete this form, copy it if necessary and provide a copy to all of the Government Ministries or Departments that you provide goods and services to.

Once the completed form is received from the various ministries and departments or the vendor themselves, the Ministry of Finance and Treasury will update the necessary records in the Government's accounting system.

| Vendor's Name | | | | | | |
|------------------------------|--|--|--|--|--|--|
| Address | | | | | | |
| | | | | | | |
| Contact Person: | | | | | | |
| Phone Number: | | | | | | |
| Fax Number: | | | | | | |
| Email Address: | | | | | | |
| Bank Account Details | | | | | | |
| Provided (Y/N) – Refer | | | | | | |
| Annex 1 & 2 | | | | | | |
| Type of business carried out | | | | | | |
| by this Vendor | | | | | | |
| | | | | | | |
| | | | | | | |
| TIN (TAX IDENTIFICATION | | | | | | |
| NUMBER) | | | | | | |

| Business Legal Status (Please Tick) | Yes | Νο |
|--|-----|----|
| Registered Company (Please attach copy of certificate) | | |
| Registered Business Name (Please attach copy of Certificate) | | |
| Individual | | |

Approved By" Chief Accountant (Procurements / Payments)

Name Signature

Date/...../...../

Annex 1: EFT Vendor Information Form

Dear Sir / Madam,

As part of the modernization of SIG's Financial Systems the Treasury will shortly commence payment of Vendors by Direct Transfer to a Nominated Bank Account, replacing the previous Cheque method of payment. Under the new system the Treasury will deposit payments directly to a nominated bank account (instead of issuing a cheque for payment) and the funds will be available for withdrawal on the next business day (same day for ANZ accounts). Remittance advices detailing the Payment Details (including supplier invoice numbers and amounts) will be emailed to a nominated email address. We therefore believe that changing the method of payment will beneficial for both the Vendor and SIG through a reduction of administrative tasks and paperwork required in order to complete the SIG payment process.

All Vendors are therefore asked to complete this form to facilitate the process. If you have any questions in relation to this process please do not hesitate to contact John Masa, Chief Procurement Officer on 27623.

Yours sincerely,

Ann Halea

Assistant Accountant General – Procurements and Payments

| Vendor's Name | |
|--|--|
| Address | |
| Bank: | |
| Account Name: (Note: this should be the same as your trading name) | |
| Account Number: | |
| Email address to receive remittance advices: | |

Annex 2: TT Vendor Information Form (for overseas payments):

This form is for Ministries to complete and attach to Payment Vouchers or Purchase Requisitions for any overseas payment. This will ensure all the necessary details are provided for overseas payments and will reduce delays in processing of these payments. If you have any questions on completing the form please contact Everisto Egeta in the Payment Execution Section on 28172

| Vendor's Name | |
|-----------------------------------|--|
| venuors Name | |
| | |
| | |
| Vendor Address | |
| | |
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| | |
| | |
| | |
| Bank Name: | |
| Bank Name: | |
| | |
| | |
| Bank Address: | |
| | |
| | |
| | |
| | |
| | |
| Account Name: | |
| (Note: this should be the same as | |
| your trading name) | |
| | |
| | |
| Currency of Bank Account: | |
| , | |
| | |
| | |
| Account Number (including | |
| BSB if relevant): | |
| | |
| SWIFT Code/IBAN: | |
| SWILL COUCHDAIN. | |
| | |
| | |
| Email address to receive | |
| remittance advices: | |
| | |
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