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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | | | | | | | | | | | |
| To receive payments or claim expenses from the Northern Territory (NT) Government, you must set up a vendor account. The NT Government will only use the information you provide to make payments.  Fields marked with an asterisk (\*) are required.  You must complete either section A OR section B then complete all remaining sections. | | | | | | | | | | | | | | |
| Section A – ABN holder to complete | | | | | | | | | | | | | | |
| Vendor ID (if known) | | |  | | | | | | | | | | | |
| ABN\* | | |  | | | | | Registered for GST?\* | | | | | Yes / No | |
| Entity name\* | | |  | | | | | | | | | | | |
| Business/Payee name\* (if different to entity name) | | |  | | | | | | | | | | | |
| Postal address\* | | |  | | | | | | Postcode\* | | | |  | |
| Suburb/City\* | | |  | | | | | | State\* | | | |  | |
| Telephone number\* | | |  | | | | | | Fax number | | | |  | |
| Email (remittance method) | | |  | | | | | | | | | | | |
| OR | | | | | | | | | | | | | | |
| Section B – Non-ABN holders to complete | | | | | | | | | | | | | | |
| Vendor ID (if known) | | |  | | | | | | | | | | | |
| **Salutation**\* (Please select one) | | | Mr / Mrs / Miss / Ms / Master / Dr / Mx | | | | | | | | | | | |
| Given name/s\* | | |  | | | | | | | | | | | |
| Surname name\* | | |  | | | | | | | | | | | |
| Entity name\* (if applicable) | | |  | | | | | | | | | | | |
| Postal address\* | | |  | | | | | | Postcode\* | | | |  | |
| Suburb/City\* | | |  | | | | | | State\* | | | |  | |
| Telephone number\* | | |  | | | | | | Fax number | | | |  | |
| Email (remittance method)\* | | |  | | | | | | | | | | | |
| Section C – Preferred remittance method | | | | | | | | | | | | | | |
| How would you like us to send your remittance? (select one) | | | | | Email (as provided in Section A or B) / Fax / Post | | | | | | | | | |
| Section D – Accounts administrator / primary contact | | | | | | | | | | | | | | |
| Given name\* | |  | | | | | Surname name\* | | |  | | | | |
| Position title\* | |  | | | | | | | | | | | | |
| Phone number\* | |  | | | | | | | | | | | | |
| Email | |  | | | | | | | | | | | | |
| Section E – Bank account details | | | | | | | | | | | | | | |
| BSB number\* (branch identifier) | | | |  | | | | Account number\* | | |  | | | |
| Name of financial institution\* | | | |  | | | | | | | | | | |
| Branch location\* | | | |  | | | | | | | | | | |
| Section F - Declaration | | | | | | | | | | | | | | |
| By signing below, I agree to the following:   * I declare that I am an authorised representative of the vendor outlined at section A or B. * I have read and can verify that all of the details outlined above are true and correct. * I authorise the NT Government to send its remittance advice via the method specified at section C. * I authorise the NT Government to pay amounts owing to the bank account indicated at section E.   The NT Government will accept the signature of the authorised representative as conclusive evidence of that person’s authority to execute this agreement on behalf of the vendor. The NT Government is under no obligation to verify the authority of the undersigned authorised representative.  The vendor is responsible for the above particulars and for advising the NT Government of any changes in the abovementioned particulars within a reasonable time. Payment will be deemed to be made when the NT Government account is credited. The NT Government will not be responsible for any delays in payment or errors due to factors outside the reasonable control of the NT Government. This includes but not limited to delays or errors in the banking system.  The vendor agrees to repay the NT Government any payments credited to the vendor in error. The NT Government reserves the right to offset any amount paid in error against future payments. | | | | | | | | | | | | | | |
| Name of authorised representative\* | | | | | |  | | | | | | | | |
| Signature of authorised representative\* | | | | | |  | | | | | | Date\* | |  |
| Contact If you have any questions or to submit your application, contact the Department of Corporate and Digital Development by phone: 08 8943 6237 or email: [accountspayable@nt.gov.au](mailto:accountspayable@nt.gov.au) | | | | | | | | | | | | | | |
| End of for | | | | | | | | | | | | | | |