|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | | | | | | | | | |
| You must complete either Section A OR Section B then complete all remaining Sections.  Required Fields are marked with an asterisk (**\***) | | | | | | | | | | | | |
| Section A – ABN Holder to Complete | | | | | | | | | | | | |
| ABN**\*** | | | |  | | | Registered for GST**\*** | | | | Yes/No | |
| Entity Name**\*** | | | |  | | | | | | | | |
| Business Name (if different to above) | | | |  | | | | | | | | |
| Postal Address**\*** | | | |  | | | | | | | | |
| Suburb/City**\*** | | | |  | | | | State**\*** | |  | | |
| Phone Number**\*** | | | |  | | | | Postcode**\*** | |  | | |
| Email**\*** (for remittances) | | | |  | | | | | | | | |
| Email (for Purchase Orders) | | | |  | | | | | | | | |
| Section B – Non-ABN Holder to Complete | | | | | | | | | | | | |
| Statement by a Supplier**\*** refer to [ATO website](https://www.ato.gov.au/forms-and-instructions/statement-by-supplier-not-quoting-an-abn)[[1]](#footnote-1) for further information: To avoid 47% withholding tax being deducted from your payment you must select at least one of the below statements as to the reason for not quoting an ABN (mark your selection with an X): | | | | | | | | | | | | |
|  | | You are an individual and the supply is wholly of a private or domestic nature | | | | | | | | | | |
|  | | You are not entitled to an ABN as you are not carrying on an enterprise in Australia | | | | | | | | | | |
|  | | The whole of the payment is exempt income for you | | | | | | | | | | |
|  | | The supply that the payment relates to is wholly input taxed | | | | | | | | | | |
|  | | The payment does not exceed $75, excluding goods and services tax (GST) | | | | | | | | | | |
|  | | You are an individual and the supply is made in the course or furtherance of an activity done as a private recreational pursuit or hobby | | | | | | | | | | |
| **Title\*** (select one) | | | | Mr / Mrs / Miss / Ms / Master /Dr / Mx | | | | | | | | |
| Given Name/s**\*** | | | |  | | | | | | | | |
| Surname**\*** | | | |  | | | | | | | | |
| Entity Name (if applicable) | | | |  | | | | | | | | |
| Postal Address**\*** | | | |  | | | | | | | | |
| Suburb/City**\*** | | | |  | | | | State**\*** | |  | | |
| Phone Number**\*** | | | |  | | | | Postcode**\*** | |  | | |
| Email**\*** (for remittances) | | | |  | | | | | | | | |
| Section C – Accounts Administrator / Primary Contact Person | | | | | | | | | | | | |
| Given Name**\*** | | |  | | | Surname**\*** | | |  | | | |
| Position Title**\*** | | |  | | | | | | | | | |
| Phone Number**\*** | | |  | | | | | | | | | |
| Email**\*** | | |  | | | | | | | | | |
| Section D – Bank Account Details | | | | | | | | | | | | |
| BSB Number**\*** | | |  | | | Account Number**\*** | | | |  | | |
| Bank Name**\*** | | |  | | | | | | | | | |
| Branch Location**\*** | | |  | | | | | | | | | |
| Section E – 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 * the NT Government will send remittance/PO advice to the email specified in Section A or B * I authorise the NT Government to pay amounts owing to the bank account indicated at Section D.   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 debited. 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**\*** |  |
| Privacy Statement To receive payments from the NT Government, you must set up a vendor account and supply the information requested. The NT Government will not share this information and only use the information to administer payments to you or if compelled to by law. Failure to supply the required information may result in us being unable to process payments to you. To request access to or correct your personal information please email [accountspayable@nt.gov.au](mailto:accountspayable@nt.gov.au) How to Submit Email your completed form to [accountspayable@nt.gov.au](mailto:accountspayable@nt.gov.au) | | | | | | | | | | | | |
| End of for | | | | | | | | | | | | |

1. <https://www.ato.gov.au/forms-and-instructions/statement-by-supplier-not-quoting-an-abn> [↑](#footnote-ref-1)