

New Supplier Detail

Ministry for Primary Industries
Manatū Ahu Matua



Please ensure that a bank deposit slip or other bank account confirmation⁽¹⁾
is attached

Supplier to Complete

Account Name ⁽²⁾ :	<input type="text"/>
Trading Name :	<input type="text"/>
GST Registration Number :	<input type="text"/>
Business Registration Number (NZBN) : <small>If not based in New Zealand provide equivalent</small>	<input type="text"/>

Address Details:

Postal Address :	<input type="text"/>		
City :	<input type="text"/>	Post Code:	<input type="text"/>
Country :	<input type="text"/>		
Contact Phone No. :	<input type="text"/>		
Email Address ⁽³⁾ :	<input type="text"/>		
Contact Name:	<input type="text"/>		
Purchase Order Contact Phone No. :	<input type="text"/>		
Purchase Order Email Address :	<input type="text"/>		
Purchase Order Contact Name :	<input type="text"/>		

Payment Details

Payee Name :	<input type="text"/>		
Bank Name & Branch :	<input type="text"/>		
Bank Account :	<input type="text"/>		
Remittance Payment Advice be sent to : <small>email preferred</small>	<input type="text"/>		
Payment Terms :	<input type="text"/>		
Signature of party authorised to open account :	<input type="text"/>		

**Once Completed, Please return this form to your MPI Contact or person who requested services.
If you have any questions regarding this form please email or phone Accounts Payable on 04 894 0182**

When MPI orders goods or services from your organisation, our staff will provide you with the following information:

- name (first and last) of the MPI staff member who will be responsible for the invoice
- cost centre number
- contract number (if applicable)
- purchase order number (if applicable).

Please clearly display this information on your invoice to assist in processing.

Email a PDF version of each invoice to accountspayable@mpi.govt.nz. We require one PDF per invoice, but more than one PDF invoice may be attached to an email.

1. Where a bank deposit slip is unavailable, a bank letter stating the bank account detail. If neither are available a screen capture of online banking can be accepted.
2. The legal entity requesting payment
3. Whenever possible, please provide a generic email address

MPI Contact/Requestor to Complete

Name :

Description of Services Provided :

Contract Number :
Value over \$40,000.00

Order/Authorisation Reference :
Value under \$40,000.00
- Recruitment Service Order
- Consultancy Service Order
- Work Authorisation

Cost Centre Manager Approval

Cost Centre :

Cost Centre Manager Signature :

*Please return this completed form to accountspayable@mpi.govt.nz
If you are unable to email this form please send this via post to PO Box 2526, Wellington, New Zealand*

MPI Finance to Complete

Creditor ID Number : **Setup Date :**

Supplier Category :

Type of supporting material provided :

Account Setup by :

Signature :

Account Checked by :

Signature :

Additional Notes