

NEW OVERSEAS SUPPLIER REQUEST / AMENDMENT FORM

This form is to be used for Overseas Suppliers



Supplier Name

Legal Name		<input type="checkbox"/>	New Application
Trading Name		<input type="checkbox"/>	Amendment to existing details
Where a Supplier is an individual (not a company or trust), please indicate the type of supply to the University:		<input type="checkbox"/>	Goods
		<input type="checkbox"/>	Goods and Services
		<input type="checkbox"/>	Services Only *

* NOTE: If **Services Only** the Independent Contractor package must be completed - refer to the below web address for additional information
<http://www.unimelb.edu.au/CSD/image/financeop/stdagt.doc>

Contact Information

Accounts		Purchasing	
Street Address		Street Address	
PO Box Address		PO Box Address	
City		City	
State		State	
Postcode/Zipcode		Postcode/Zipcode	
Country		Country	
Contact Name		Contact Name	
Phone No		Phone No	
Fax No		Purchase Order Fax No	
email		email	

Payment Information

NOTE: When issuing invoices to the University of Melbourne, please do so in your local currency, or preferred payment currency, not AUD

Credit Card	
Do you accept payment by credit card for purchases less than \$5,000 ? Yes / No (Please circle)	
Telegraphic Transfer Details	Remittance Information
Bank Account Name	Please tick preferred method
Bank Name	<input type="checkbox"/> Email - address
Branch Name	<input type="checkbox"/> Fax - number
Full Bank Address (inc Country)	<input type="checkbox"/> Printed/Posted
Bank Phone No	
Bank Account No	
SWIFT Code	Note: Telegraphic Transfer is the preferred method of payment. Please ensure the SWIFT Code, or Routing/ABA/Sort Code number is provided to assist with prompt bank processing.
Routing/ABA/Sort Code	
IBAN No	

Authorisation

(by authorised officer of the company/organisation)

Signed		Date	
Name		Position	

Please return completed form to the University of Melbourne Department per the details below

University of Melbourne Use Only			
UoM Department		Financial Operations Use	
Originating Dept		Payment Terms	
Department No		Pay Priority	
Requested by		Type	
Phone		Category	
Fax			
email		Authorised by	
One time purchase	Yes / No (please circle)	Date	
Estimated value of monthly purchases			
Type of goods/services		Supplier No	
		FX System	(Date entered)