

Kaipara District Council – New Supplier Form

Section 1 Supplier Information (complete Section 1 only)

Company Details

Full (legal) business name

Type of business

Sole trader

Partnership

Limited Partnership

Limited company

Not-for-profit organisation

Trust/estate

Other
(please specify)

Postal address

Postcode

Street address

Business Contact Name

Phone #

Alternative #

Email

Financial Information

Currency (e.g. NZD)

NZBN (NZ business number) or equivalent overseas business number

Are you GST registered?

Yes

No

If Yes, **GST Number:**

Are you liable for withholding tax?

Yes

No

If yes please attach a completed [IR330 form](#) with the Tax Code "WT"

Bank account details:
(Note: Bank account holder name **must** match business name)

Account name:

Account number:

Proof of bank account:
(Please attach **at least one** form of proof)

Pre-printed bank generated deposit slip

Bank statement or bank receipt identifying the bank

Letter from the bank on the bank's letterhead

Print screen or image capture of an on-line bank statement identifying the bank with URL clearly visible, bank account number and the account holder's name

An email from the supplier's/grantee's bank identifying the bank account number and the account holders name

Remittance email

Purchase order email

Kaipara District Council pays invoices on the 20th day of the following month of the invoice date. Invoices must :

- be submitted by the 3rd business day of the following month
- must show a purchase order
- must be submitted to creditors@kaipara.govt.nz

Additional information regarding invoice requirements can be found on our website : [KDC Website](#)

Health and Safety

All new Contractor/Suppliers to KDC must complete our health and safety prequalification process before being accepted as a supplier or commencing any work. You may be asked to complete a Risk Declaration. Our H&S team will contact you.

What is the type of work/service you will carry out for KDC?

(Please provide some details about the scope of works to be carried out):

Have you been a Contractor/Supplier for KDC before?

Yes

No

Are you likely to provide a one-off service to KDC or on-going services?

One-off

Ongoing

What tasks or services have you supplied to KDC previously?

Are the tasks or services the same as previous work carried out for KDC? (If they are different, how will they differ?)

Yes

No

Proof of insurance cover to be attached for public liability and/or professional indemnity.

I have attached proof of insurance.

Supplier Declaration

Full name :

Job Title:

Date:

I declare that the information on these forms are true and correct and am authorised to make this declaration on behalf of the Supplier

Sign here :

(will prompt you to save the form)

Once signed select :

This form to be returned with all relevant documentation to

Section 2 KDC Internal Section only

KDC Staff requester review

Note : Requester name and email to be input prior to sending this form to the supplier

- i) Verify documentation returned by supplier
- ii) Ensure Requester name and email input prior to emailing H&S
- iii) Click 'Email H&S' to send form to the H&S team (attach documentation)

Section 1 completed in full by supplier

Proof of bank account provided

Requester

Name:

Email:

KDC Health and Safety Review

- Notes:**
- i) Ensure name of H&S representative input
 - ii) Click 'Email Mgr' for final signoff

New supplier has been assessed and relevant paperwork completed

Evidence of appropriate insurance is in place

Health & Safety Team

Name:

KDC Manager Final Signoff

- Notes:**
- i) Check compliance and requirements
 - ii) Click 'Email Requester' to return form to the requester and H&S team

Compliant with Procurement Strategy and Delegations Register

Contractor/Supplier meets KDCs Health and Safety pre-qualification requirements

Manager (T3 or GM)

Name:

Email: