

Supplier Details and Authority Form

SUPPLIER¹ DETAILS: All fields starting with (M) are mandatory

(M) Full Name of the legal person, entity or organisation which is the Supplier (including, in the case of an incorporated body, the relative signifier (e.g. Limited, Inc.))	
Name of supplier as displayed on invoice (if different from above)	
(M) Physical Address, including country): (As displayed on invoice)	
(M) Contact Person:	
Telephone number:	
(M) Email Address	
(M) Tax Number (e.g. GST Number/VAT). If you do not have a tax number put "No tax number"	
Business number – (e.g. NZBN or Australian ABN) If you do not have a business number put "N/A"	
(M) Are you a Māori owned business, as defined by TPK?	Yes/ No
(M) Are you a Pasifika owned business, 50% Pasifika ownership?	Yes/ No
Finance Contact Person:	
Telephone number:	
Remittance email Address:	

AUTHORITY: (to be completed by an Authorised Representative of the Supplier)

¹ In this Authority "Supplier" includes a reference to a Supplier, Recipient, Partner, Contractor and any other person or entity in a similar position.

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I, _____ in my capacity as _____
 (Insert full name in block capital letters) (Insert job title / position)

being a duly Authorised Representative of the above Supplier hereby authorise Ministry of Foreign Affairs and Trade, New Zealand (MFAT) to direct credit payments for goods and/or services supplied to the following account:

Signature of Authorised Representative:

 (Signature) (Date)

NZD BANK ACCOUNT: All fields starting with (M) are mandatory

(M) Account Number: (maximum 16 characters)	
(M) Account Name: (as stated on proof of bank account)	
Bank Name:	
Bank Branch, address and country	

NON-NZD BANK ACCOUNT: All fields starting with (M) are mandatory

(M) Account Number/IBAN (International Bank Account Number): (maximum 16 characters)	
Branch code: (If applicable)	
(M) Swift/BIC Code:	
(M) Currency the account is held in:	
(M) Account Name:	
Bank Name:	
Bank Branch, address and country:	
Code other (if applicable):	
Intermediary Bank Name/SWIFT Code (if applicable):	

PLEASE PROVIDE A COPY OF ONE ITEM OF EVIDENCE TO CONFIRM YOUR BANK ACCOUNT DETAILS (applicable to NZ and NON-NZ bank accounts):



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Bank Letter <input type="checkbox"/>	Cheque (if still applicable) <input type="checkbox"/>
Bank Statement <input type="checkbox"/>	Screenshot of internet banking <input type="checkbox"/>
Deposit Slip <input type="checkbox"/>	

Conditions of this Authority:

1. MFAT has the right to rely upon this Authority signed by the Authorised Representative as being conclusive evidence of that person's authority to execute this Authority on behalf of the Supplier. MFAT is under no obligation to verify the authority of the Authorised Representative or the veracity of the bank account details.
2. MFAT will use all reasonable measures to hold this information as confidential and to use it for the purpose of making payments to the Supplier following the provision of goods or services. Both the Supplier and the Authorised Representative acknowledge that MFAT may divulge this information pursuant to the Official Information Act, the Privacy Act, in the course of examination by the Audit Office, or where it is required to do so by law.
3. Payment will be deemed to have been made to the Supplier when MFAT has instructed its bank to credit the Supplier's above Bank Account. MFAT will not be responsible for any delays in payment or errors due to factors outside its reasonable control including, but not limited to, delays or errors in the banking system.
4. The Supplier acknowledges that MFAT, by accepting this authority, does not promise to remit payments by direct credit to the Supplier but may do so if it should choose to do so.
5. The Supplier undertakes to advise MFAT in writing of any changes relating to the above particulars. Upon receipt of such notification MFAT shall process all payments in accordance with the amended details provided.
6. The Supplier warrants:
 - a. that the bank account details provided are correct
 - b. that the signatory is a duly Authorised Representative of the Supplier
 - c. the above bank account is held by the Supplier and conforms to all applicable laws
7. The Authorised Representative, in his / her own right, warrants:
 - a. the banking details provided are correct
 - b. that he/she has the authority to bind the Supplier to the conditions of this authority.
8. Both the Supplier and the Authorised Representative jointly and severally indemnify MFAT in relation to any loss or damage (including consequent loss), which MFAT may suffer due to any breach of the above warranties.

When completed please email this signed Authority to your MFAT contact.