*For use by RSS Clinical Workforce Finance Team.*

As a contracted rural doctor, you are considered a “supplier” who SA Health purchases services from. Accordingly, we need to make sure your details are always correct on the state government shared services system so you can be paid under your SA government payment conditions.

Please use this form to provide or update your details. Ensure you complete all sections, have it signed by an authorised person and send it either to the RSS Clinical Workforce Finance Team via email at [Health.RSSClinicalWorkforceFinance@sa.gov.au](mailto:Health.RSSClinicalWorkforceFinance@sa.gov.au), or return to your local Clinical Workforce Finance Officer.

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| **Section 1 – purpose** | | | |
| I am a new supplier  I want to update my existing details **Supplier ID:** | | | |
| **Section 2 – general supplier details** | | | |
| Entity name: |  | | |
| Registered trading name: |  | | |
| Registered business address: |  | | |
| ABN: |  | Are you registered for GST? | Yes  No |
| *Note: under Australian Tax Office (ATO) legislation, failure to supply either an ABN or a completed statement by a supplier form will result in withholding tax of 47% deducted from payment.* | | | |
|  | | | |
| **Section 3 – regional LHN site details** | | | |
| Site code: |  | | |
| Location: |  | Provider number (if applicable): |  |
| Hospital name: |  | | |
|  |  | | |
| **Section 4 – finance details**  Payments and remittance advice will be sent to the details outlined below. **Please note,** if you are updating your bank account details we need to contact you to verify the request. | | | |
| Postal address: |  | | |
| Email for remittance: |  | | |
| Name of financial institution: |  | | |
| Branch address: |  | | |
| Account number: |  | BSB: |  |
| Account name: |  | | |

## Important notes and conditions:

* We can’t process incomplete forms. Please ensure all details are filled in and correct, to avoid us returning it to you for completion.
* If you have any queries about payments, please talk to your local Clinical Workforce Finance Officer or email the RSS team at [Health.RSSClinicalWorkforceFinance@sa.gov.au](mailto:Health.RSSClinicalWorkforceFinance@sa.gov.au)
* Please allow up to five business days for your approved request to be actioned. It the request is urgent, please contact our team at: [Health.RSSClinicalWorkforceFinance@sa.gov.au](mailto:Health.RSSClinicalWorkforceFinance@sa.gov.au)

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| **Section 5 – form completion** (details of the person completing form) | | | |
| Name: |  | | |
| Position: |  | | |
| Email: |  | | |
| Phone: |  | Fax: |  |
| Signature: |  | Date: |  |

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| **Section 6 – form authorisation** (details of person authorising form) | | | |
| Name: |  | | |
| Position: |  | | |
| Email: |  | | |
| Phone: |  | Fax: |  |
| *I declare that I have read and understood the above notes and conditions.*  *I certify that the information provided in this form is true and correct, in particular, that the registered trading name and ABN provided are strictly in accordance with relevant certificates of registration, and that the above finance details are accurate and provided in good faith.*  *I agree to indemnify SA Health against any loss or damage suffered if any of the information provided is incorrect. I also declare that I am authorised to request the creation/amendment of an account with SA Health.* | | | |
| **Signature:** |  | **Date:** |  |

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| Please send your completed and authorised form to the RSS Clinical Workforce Finance Team at [Health.RSSClinicalWorkforceFinance@sa.gov.au](mailto:Health.RSSClinicalWorkforceFinance@sa.gov.au) or return to your local Clinical Workforce Finance Officer. |