Stakeholder name:Click or tap here to enter text.

*(your name, as the person providing the service to WAPHA)*

ABN:Click or tap here to enter text.

*(if you* ***do not have an ABN****, please complete the* [*ATO Statement by a Supplier Form*](https://www.wapha.org.au/wp-content/uploads/2023/05/ATO-Statement-by-a-Supplier-Form.pdf)*)*

Business or trading name:Click or tap here to enter text.

*(only if applicable)*

Is this business registered for GST:  Yes  No

*(only if applicable)*

Is this business Aboriginal owned:  Yes  No

*Note: To be classified as an Aboriginal owned business, in the case of a Sole Trader the business must be 100% owned by an Aboriginal and/or Torres Strait Islander person(s). For businesses structured as either a Partnership, Company or Trust an Aboriginal and/or Torres Strait Islander person(s) must own 51% or more of each class of partnership interest, shares or be the*

*majority beneficial owner*

Postal address:Click or tap here to enter text.

Residential address:Click or tap here to enter text.

Business address:Click or tap here to enter text.

Telephone number:Click or tap here to enter text.

Email address:Click or tap here to enter text.

Banking details

EFT BPay

BSB:Click or tap here to enter text. Biller code:Click or tap here to enter text.

Account Number: Click or tap here to enter text. Ref #:Click or tap here to enter text.

Account Name: Click or tap here to enter text.

Signature:

Date:Click or tap here to enter text.

**For WAPHA internal use**

Supplier ID#: Click or tap here to enter text.

Entered by

Name: Click or tap here to enter text. Signature:

Validated by

Name: Click or tap here to enter text.