

Retailer/Supplier/Payee Details



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

If you need help with this form call us on ☎ 0800 559 009.

Please read this before you start

Please complete this form if you wish to receive payments from Work and Income or other service lines of the Ministry of Social Development. You could be a:

- Retailer/Supplier of goods and/or services.
- Payee (when part of a client's benefit is paid to a third party).

Individual or sole trader: please document your personal details on this form.

Businesses: please document your business details including the name and contact information of your authorised contact person.

Please complete all questions on this form. If a question is not applicable write N/A.

Your details/your business details

Q3 note: GST/IRD numbers are unique to you/your business. You don't have to tell us your number but if you do it helps us ensure your information with us is correct.

Q4 note: Examples include:

- food
- fuel
- appliances
- accommodation.

1. What is your/your business' name?

2. What is the trading name of your business (if different from above)?

Not applicable

3. Do you/your business have a GST number?

Yes ▶ What is your/your business' GST number?

No ▶ What is your/your business' IRD number?

4. What type of goods or services do you mainly provide?

5. Do you sell secondhand goods?

No

Yes

▶ Please provide your Secondhand Dealer's/Pawnbroker's Licence and Certificate (including certificates for your employees) from The Licencing Authority of Secondhand Dealers and Pawnbrokers.

Bank details



Please attach your merchant logon receipt here.

Q8 note: The account number must be in your/your business' name.



You must attach proof from the bank of the account number and account holder details.

6. Does your business use EFTPOS?

No

Yes

▶ Please provide details below.

7. Which EFTPOS provider do you use?

(You must attach a merchant logon receipt with this application.)

EFTPOS New Zealand/ANZ

▶ What is your Merchant ID Number

(the first 8 digits of the terminal ID from your merchant logon receipt)

Paymark/ETSL

▶ What is your Merchant ID Number

(the first 6 digits of the terminal ID from your merchant logon receipt)

8. What bank account do you want payments made to?

The account is in the name of:

The account number is:

Bank	Branch	Account number
■	■	■

Address details

Q10 note: Mailing address includes:

- postal box (PO Box)
- rural delivery details
- C/O address.

9. What is your/your business' address?

Suburb

City

10. What is your/your business' mailing address (if different from above)?

Suburb

City

Contact details

11. How do we make contact with you/your business?

Description Contact details

Try first

Phone		
Fax		
Email		

12. For businesses, who will be the authorised contact person?

Contact person's name

Contact person's role/designation

Declaration

The information I have provided on this form is true and complete.

By signing this form, and as part of this registration process, you:

- understand this information is collected by the Ministry of Social Development and used for the purposes of the Ministry and that under the Privacy Act 1993 (which applies to individuals) you have the right to request access to all information the Ministry holds about you and to request correction to that information
- understand that the Privacy Act 1993 applies to all information about Ministry clients referred to your business outlet and must be treated by you in accordance with that Act
- understand that you and the Ministry are subject to the Official Information Act 1982 and therefore any information held by you in relation to this registration is treated under that Act as held by the Ministry. Should you receive any request for information under that Act, you agree to forward that request to us immediately and to supply us with any such information requested by us to allow us to meet our obligations under that Act
- agree not to disclose any information about this registration or relating to Ministry clients to any third party unless required to disclose that information by law
- consent to any enquiries into your trading activities, or any other relevant information, as part of the process for making a decision about this registration (for example, you consent to us contacting the EFTPOS provider to verify your Merchant ID)
- commit to acting respectfully and professionally towards all Ministry of Social Development clients referred to your business outlet, and commit to ensuring your staff also do the same
- ensure that Ministry clients know that you are responsible for any fault with the product or service delivered, including standard warranty/guarantee conditions listed under the Consumer Guarantees Act 1993.
- agree to advise us immediately of any changes to the details you have provided on this form
- agree to meet the conditions outlined in the Payment Authorisation.

Retailer/Supplier/Payee name (print)

Role/Designation

Retailer/Supplier/Payee signature

Date

Day Month Year

OFFICE USE ONLY

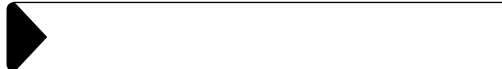
Additional Information:

Bank account verification attached

Copy of Licence/Certificates for Secondhand Dealers attached

1. Authenticator's name (print)

Authenticator's signature


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Date

Day	Month	Year

2. Authenticator's name (print)

Authenticator's signature


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Date

Day	Month	Year