

Vendor creation / change request form (for service providers)



You can use this form if you are a service provider and wish to provide your details to enable payments to be made to you from the NIISQ Agency. Please complete the form in full and send to accounts@niis.qld.gov.au.

To ensure accuracy of information and minimise risk of fraud, we may contact you by phone as part of our vendor verification procedures. We thank you in advance for your patience and assistance as we complete the vendor onboarding process.

Company details

Australian Business Number (ABN)

Registered for GST	Y		N		Select the applicable box		
Business or Trading Name							
Trading Address							
	City		State		Postcode		
Postal Address							
	City		State		Postcode		
Phone Number							
Contact Name							
Email Address							
	Your remittance advice will be sent to this email address						

Payment Details

Option 1 – EFT Account Details

Bank Name	
BSB Number	
Account Number	
Account Name	

Option 2 – BPAY

Biller Name	
Biller Code	

Signature

	Date	
Name	Position title	

The National Injury Insurance Agency, Queensland (NIISQ Agency) is collecting your personal information in order to perform our functions under the National Injury Insurance Scheme, Queensland (NIISQ). We collect, use, disclose and store your personal information in accordance with the Information Privacy Act 2009 (Qld), the National Injury Insurance Scheme (Queensland) Act 2016 (Qld) and the National Injury Insurance Scheme (Queensland) Regulation 2016 (Qld). Your personal information will not be released unless the disclosure is permitted or required by law. Further information on how NIISQ Agency handles your personal information can be found in our privacy policy or by contacting our Privacy Officer on 1300 607 566 or NIISQ-Privacy@niis.qld.gov.au.