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)				
Entity name As per	r your registered ABN			
Business name A	s per your registered ABN			
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			
Purchase order (PO) details				
Contact person for PO				
Email address Your PO will be sent to this email address				
Payment details				
Option 1: EFT Account Details	Bank name			
	BSB number		Account number	
	Account name Name of the account holder			
Option 2: BPAY	Biller name		Biller code	
Signature				
		Name		
		Date		
		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* (QId), the *National Injury Insurance Scheme* (Queensland) Act 2016 (QId) and the *National Injury Insurance Scheme* (Queensland) Regulation 2016 (QId). 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.

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