



# Domestic vendor creation / amendment form

Please use this form to register Australian Domestic bank details with DFAT.  
Please complete **all** sections of this form. If a question does not apply to you, write **N/A**.  
If you have any questions about this form or you need help completing it, contact Financial Operations on 02 6261 1157  
or [accounts@dfat.gov.au](mailto:accounts@dfat.gov.au)

**DFAT Agreement Manager to complete:** (Complete this section before sending form to the supplier)

Administered or Departmental funding?

DFAT Contact Name:

Create or amend vendor?

Old Account number (if amendment):

## Section 1: Supplier details

1. Business or individual name

2. ABN

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

If you do not hold an ABN, please complete and provide the "[Statement by supplier form](#)"

3. Industry type

4. Do you identify as a 'small business' (please tick)? Yes ☐ No ☐

5. Address

Street Address:		
Suburb:	State:	Postcode:

6. Contact details

Business contact person:	Telephone:
Email address:	Fax:

## Section 2: Financial institution details

7. Do you accept payment via Credit Card?

If so, is there an additional charge and how much?

8. I, \_\_\_\_\_, in my capacity as \_\_\_\_\_ hereby authorise DFAT to direct payments for goods and/or services to the following account:

9. Account name

10. Bank name and branch

BSB Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	---	----------------------	----------------------	----------------------

Account number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

\_\_\_\_\_  
Date/Signature of authorised representative

Please note, a signature is not required when this form completed and emailed by the supplier directly to [accounts@dfat.gov.au](mailto:accounts@dfat.gov.au)