

GOVERNMENT OF NEWFOUNDLAND & LABRADOR OFFICE OF THE COMPTROLLER GENERAL FINANCIAL AND INFORMATION SYSTEMS DIVISION SUPPLIER SETUP AND MAINTENANCE FORM

Section 1: Action Required	
Add a New Supplier Change the Name of an Existing Supplier	
Add a New Supplier Address Change the	Address of an Existing Supplier
Inactivate a Supplier Number/Address Add/Change	e Banking Information or Email Address
Section 2: Supplier Information	
Supplier Type	
Business– Indicate type: Corporation Partnership	Sole Proprietorship Other Business
Individual – Indicate type: GNL Employee MHA	Other Individual
Supplier Number (If Known) Address Use	
Payment Address Shipping (Purchase) Address	
Supplier Name (Legal Name)	
Name at Birth (If Applicable)	
Date of Birth (If Applicable) Business Number (If Applicable) Not Applicable	
Year Month Day	
Address	
Line 1	
Line 2	
City	
Province/Country	Postal Code
Supplier Contact Information Name (Print): Telephone Number:	
	Optional):
	re & Date:
Section 3: Electronic Payment Setup (Please attach a void cheque, correspondence from Financial Institution (this correspondence must include the stamp	
of the Financial Institution) or have Financial Institution complete section below) Bank Institution Number	To be completed by a Bank Official
	Bank Officer's Signature:
Dalik Halisit Nullibel	
A coount Number	Name (Print):
Section 4: Government Department Use Only	Title:
Dept Name (Print):	
Dept Contact:	
Telephone Number:	
Date:	
Signature:	
Section 5: Financial and Information Systems Division Use Only	Financial Institution
	Stamp Here
Site Name	
Supplier Number	
Signature:	
Date:	

Privacy Statement: The personal information collected in this form will be used only for the administration of those programs provided by the Government of Newfoundland and Labrador for which the supplier is a participant. This information is being collected in accordance with section 61(c) of the Access to Information and Protection of Privacy Act, 2015. All information provided will be maintained in a secure manner and confidentiality will be protected, as required by the Access to Information and Protection of Privacy PAct (ATIPPA) I as the person entitled to receive payment(s), authorize the Government of Newfoundland and Labrador to deposit the payment(s) directly into my bank account.



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These instructions are to assist Suppliers in completing the Government of Newfoundland and Labrador Supplier Setup and Maintenance Form in order to receive your payments via direct deposit.

For the purposes of this form, a Supplier or Vendor is an individual, business entity or organization that receives, or may receive, a payment from the Government of Newfoundland and Labrador. The information requested on this form is to facilitate the processing of payments.

Please note that the completion of this form does not substantiate an application for a payment from the Government of Newfoundland and Labrador, in the form of a Government Program or other form of financial assistance. Government Programs are made available through the respective Government departments, who have different information requirements, therefore necessitating a separate application process.

Submit completed Supplier Setup and Maintenance form as follows:

In Person:

Office of The Comptroller General 3rd Floor, East Block, Confederation Building (West Wing) Attention: Financial and Information Systems Division - Supplier

Maintenance

By Fax: (709) 729-2098

By Mail:

Office of the Comptroller General Confederation Building, 3rd Floor, East Block, West Wing P.O. Box 8700, St. John's, NL A1B 4J6

Attention: Financial and Information Systems Division – Supplier

Maintenance

By E-mail: Electronic / scanned copies may be e-mailed to: vendormaintenancefms@gov.nl.ca

For general inquiries please contact the FMS Helpdesk via e-mail: fmshelpdesk@gov.nl.ca or via telephone: 709-729-2670 If you have any questions about this collection of your personal information, please contact the Information Management Analyst for the Financial and Information Systems Division at the above-noted address, by phone at (709) 729-2670 or by email at fmshelpdesk@gov.nl.ca.

It is the responsibility of the Supplier to notify the Government of Newfoundland and Labrador promptly via this form should any of the Supplier information change. Please print and retain a completed copy of this form for reference and note your assigned supplier number on it for future correspondence.

Please follow the instructions below to ensure that the Supplier Setup and Maintenance Form is properly completed.

Section 1: Action Required

Add a New Supplier: Check this option if you are not currently a Supplier to the Government of Newfoundland and Labrador. If you are Business please provide a copy of an invoice, quote, or letter from a company official confirming the name and address provided.

Add a New Supplier Address: Check this option if you are currently set up as a Supplier but wish to add an additional address. For example, an additional business location or an office address where you wish to receive payment or correspondence.

Inactivate a Supplier Number/Address: Check this option if you are currently set up as a Supplier, but wish to inactivate your Supplier Number or a Supplier address for reasons such as a business closure, you do not expect any more payments from the Government of Newfoundland and Labrador or a location no longer exists.

Change the Name of an Existing Supplier: Check this option if you or your business has had a change in name. Please note that for a Business, the name registered with your CRA business number is required. You may also indicate the trade name for your business, if applicable, in the first line of the Address field as "Operating as [Trade Name]", in addition to your legal name. If you are a Corporation, you must follow the necessary procedure outlined by the Registry of Companies with Service NL in order to change your corporation name. You must then attach a copy of the corporation's Articles of Amendment as supporting documentation to confirm that the company name has been changed.

Change the Address of an Existing Supplier: Check this option if you are currently set up as a Supplier and have had a change in address information, i.e. changes of address, or Address Use [Payment or Shipping (Purchase) Address]. Please see Section 2: Address Use for more information on address type.

Add/Change Banking Information or Email Address: Check this option if you are an existing Supplier and you wish to add or change your banking information or email address to facilitate receiving Electronic Funds Transfers (EFT's) as the form of payment or notification of electronic payment.



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Section 2: Supplier Information

Supplier Type: Please indicate the type of Supplier being added or modified.

- o If you are a Business, please indicate whether it is a Corporation, Partnership, Sole Proprietorship, or Other Business.
- o If you are an *Individual*, please indicate whether you are an Employee of the Government of Newfoundland and Labrador, a Member of the House of Assembly (MHA), or an Other Individual Supplier that is not one of the above noted Supplier types.

Supplier Number: A unique number assigned to you by the Financial and Information Systems Division. Existing Suppliers to the Government of Newfoundland and Labrador should provide their Supplier Number for Supplier identification purposes.

Address Use: For Businesses please indicate the purpose of the address noted on the form by selecting the Address Use as follows:

- o Select Payment Address if you are requesting to receive a payment for the address provided.
- o Select Shipping (Purchase) Address if the address provided on the form is for purchasing purposes only.
- Both Payment Address and Shipping (Purchase) Address should be selected if you are an individual or if the address provided is the same for payment and purchasing purposes.

Supplier Name: Please enter your full legal name (first, middle and last name). If this request is for a Business, please enter your legal Business name. Also please include your trade name, if applicable, in the first line of the Address field as "Operating as [Trade Name]". Please provide any sole proprietor name, operating as name or incorporation name if it differs from the current name.

Name at Birth: Please provide your name at birth if it is different than your supplier name (first, middle and last name), if it is the same, please leave blank.

Date of Birth: If applicable, please enter your date of birth.

Business Number – Registration Number (BN): A Business Number is a unique nine digit business identifier provided by CRA. If you do not have a Business Number, please indicate in the 'Not Applicable' check box.

Address: Please provide the address applicable to the Address Use selected. For changes of address to existing addresses provided in Section 2, please attach the former address to confirm that the correct address will be updated. A Supplier will need to submit multiple forms if multiple addresses are required upon initial setup.

Supplier Contact Information: Include as much contact information as possible. The Financial and Information Systems Division may need to confirm, verify, or obtain additional information. Please provide an e-mail address or write 'N/A' if this does not apply. E-mail addresses are used to notify suppliers that an electronic payment is pending and/or for notification of Supplier Number. If a valid e-mail address is not provided, you will **not** receive a notification of your Supplier Number, or of a pending electronic payment.

Section 3: Electronic Payment Setup

Electronic Payment Setup: Please attach a void cheque or correspondence from your financial institution with your banking information. This correspondence must include the stamp of the Financial Institution. Alternatively, you may have your financial institution complete Section 3 of the form. If you are an employee of the Government of Newfoundland and Labrador and wish to use the same information previously provided to payroll for electronic payment, please indicate accordingly on the form. Acceptable documentation types include: Originals, Photocopies, Electronic scans, or Faxed copies. Note that a valid e-mail address of the Supplier must be provided in order to facilitate electronic payment.

Section 4: Government Department use only

If this form is being completed by a departmental official with the Government of Newfoundland and Labrador on behalf of the Supplier, please provide the contact information requested and sign for verification purposes. Financial and Information Systems Division staff may need to confirm, verify, or obtain additional information.

Section 5: Financial and Information Systems Division use only

This section is completed by Financial and Information Systems Division of the Office of the Comptroller General upon processing the Supplier Setup and Maintenance Form.