



GOVERNMENT OF NEWFOUNDLAND & LABRADOR  
DEPARTMENT OF FINANCE  
FINANCIAL SYSTEMS CONTROL DIVISION  
**SUPPLIER SETUP AND MAINTENANCE FORM**

**Section 1: Action Required**

- |   |  |
|---|--|
| <input type="checkbox"/> Add a New Supplier                   | <input type="checkbox"/> Change the Name of an Existing Supplier         |
| <input type="checkbox"/> Add a New Supplier Address           | <input type="checkbox"/> Change the Address of an Existing Supplier      |
| <input type="checkbox"/> Inactivate a Supplier Number/Address | <input type="checkbox"/> Add/Change 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**

<input type="checkbox"/> Payment Address	<input type="checkbox"/> Shipping (Purchase) Address
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**Supplier Name (Legal Name)**

\_\_\_\_\_

**Business Number (If Applicable)**

\_\_\_\_\_                           Not Applicable

**Address**

Line 1  
\_\_\_\_\_

Line 2  
\_\_\_\_\_

Line 3  
\_\_\_\_\_

City  
\_\_\_\_\_

Province/Country    Postal Code  
\_\_\_\_\_

**Supplier Contact Information**

Name (Print): _____	Telephone Number: _____
Title: _____	Cellular Number (Optional): _____
E-mail Address: _____	Signature & Date: _____

**Section 3: Electronic Payment Setup (Please attach a void cheque, correspondence from Financial Institution or have Financial Institution complete section below)**

<p>Bank Institution Number    _____</p> <p>Bank Transit Number        _____</p> <p>Account Number              _____</p>	<p><b>To be completed by a Bank Official</b></p> <p>Bank Officer's Signature: _____</p> <p>Name (Print): _____</p> <p>Title: _____</p>
<p><b>Section 4: Government Department Use Only</b></p> <p>Dept Name (Print): _____</p> <p>Dept Contact: _____</p> <p>Telephone Number: _____</p> <p>Date: _____</p> <p>Signature: _____</p>	
<p><b>Section 5: Financial Systems Control Division Use Only</b></p> <p>Site Name                      _____</p> <p>Supplier Number              _____</p> <p>Signature: _____</p> <p>Date: _____</p>	

*Financial Institution  
Stamp Here*



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**SUPPLIER SETUP AND MAINTENANCE FORM INSTRUCTIONS**

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 Applicant Setup and Maintenance form as follows:**

**In Person:**

Department of Finance  
Office of the Comptroller General, Reception Desk  
3rd Floor, East Block, Confederation Building (West Wing)  
Attention: Financial Systems Control Division - Supplier Maintenance

**By Mail:**

Office of the Comptroller General  
Confederation Building, 3<sup>rd</sup> Floor, East Block, West Wing  
P.O. Box 8700, St. John's, NL A1B 4J6  
Attention: Financial Systems Control Division – Supplier Maintenance

**By Fax:** (709) 729-2098

**By E-mail:** Electronic / scanned copies may be e-mailed to: [vendormaintenancefms@gov.nl.ca](mailto:vendormaintenancefms@gov.nl.ca)

**For general inquiries please contact the FMS Helpdesk via e-mail: [fmshelpdesk@gov.nl.ca](mailto:fmshelpdesk@gov.nl.ca) or via telephone: 709-729-2670**

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 Systems Control 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.
- o 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. If you are a Business, enter your legal Business name. Also, if you are a Business please include your trade name, if applicable, in the first line of the Address field as "Operating as [Trade Name]".

**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 Government of Newfoundland and Labrador may need to confirm, verify, or obtain additional information. Also provide an e-mail as this is used to notify suppliers that an EFT 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 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. 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 an official with a Department of Government of Newfoundland and Labrador on behalf of the Supplier, please provide the contact information requested and sign for verification purposes. Financial Systems Control Division staff may need to confirm, verify, or obtain additional information.

Section 5: Financial Systems Control Division use only

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