Sydney Markets Limited | ABN 51 077 119 290

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COMPANY CONTACT INFORMATION

SUPPLIER REGISTRATION FORM

COMPANY NAME			
TELEPHONE		MAILING ADDRESS	
FAX		•	
EMAIL		WEBSITE	
POINT OF CONTACT NAME & TITLE		CONTACT EMAIL	
CONTACT PHONE 1		SML CONTACT	
BUSINESS INFORMAT	ION AS REGISTERED		
GENERAL DETAILS OF SERVICES / GOODS		ABN	
DATE COMPANY ESTABLISHED		REGISTER FOR GST YES/NO	
BUSINESS TYPE		SMCS NUMBER (if applicable)	
FINANCE CONTACT IN	IFORMATION		
POINT OF CONTACT NAME & TITLE		CONTACT EMAIL	
CONTACT PHONE 1		CONTACT PHONE 2	
BANKING INFORMATION	ON		
BANK NAME		ACCOUNT NAME	
BSB NUMBER		ACCOUNT NUMBER	
CERTIFICATION			
I hereby affirm that all information supplied is true and accurate to the best of my knowledge and belief, and I understand that this information will be considered material in the evaluation of quotations, bids, and proposals. Notice must be given of any change in status impacting the information provided within ten (10) days of said change.			
SUPPLIER			
NAME		TITLE	
SIGNATURE		DATE	
SML FINANCE DEPARTMENT USE ONLY			
AUTHORISER 1 - RELEVANT DIVISION		AUTHORISER 2 - FINANCE	
SUPPLIER ACCOUNT NUMBER		DATE CREATED AND CREATED BY:	