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| **Overview of the Document** | |
| **Purpose** | This form is to be used to accredit entities for payment as suppliers, community partnerships (i.e. sponsorships) or donations; and amend entity details. Please note this form cannot be used to change banking details. This form will not be processed unless the required documentation is provided.  **If you have previously completed a Supplier Onboarding form, your supplier details will be prepopulated below for your review and update.** |
| **Mandatory Insurance Information** | To finalise accreditation, all entities must provide insurance details as supplementary documentation upon submission of their accreditation form (to be provided as attachments). Provision of insurance details can be via scanned documents and/or written confirmation (within the email content) upon submission of this accreditation form. |
| **Other** | Horizon Power seeks to select suppliers who share our values. Horizon Power’s Policies, Guidelines and other information for suppliers are available at <https://horizonpower.com.au/contractors-suppliers/>  Completion and submission of this form does not commit Horizon Power to registering you as an accredited supplier. If you need help with completing this form please contact us on (08) 6310 1374 during office hours. |

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| **LEGAL ENTITY TYPE** |
| Legal Entity Type: Choose an item (Australian entities please use [ABN Lookup Tool](https://abr.business.gov.au/) to check your entity type)  Legal Entity Name: Insert  Trading Name: Insert  ABN: Insert  ACN: Insert (If applicable; foreign entities with no ACN must complete Foreign Entities section below) |
| ***Only complete applicable fields in this section;*** |
| * **Australian Associations** |
| **Incorporated Associations:** Certified copies of certificate of incorporation, constitution or rules of incorporation and ratified minutes confirming current officer holders **OR** executed Statutory Declaration as set out in Attachment A to this form. **confirm attached** |
| **Unincorporated Association:** Certified copies of constitution and ratified minutes confirming current officer holders **OR** executed Statutory Declaration as set out in Attachment A to this form. **confirm attached** |
| * **Foreign Entities** |
| Foreign entity type/description: Insert [Hover for Guidance](#foreignentityguidance" \o "Describe the type of entity you are using in the wording or classification common in your jurisdiction/country) |
| **Foreign Corporation**  Country of registration: Insert Company registration number: Insert |
| Copy of the certificate of jurisdictional incorporation; and  Corporate regulator extract of existence and office holders **OR** ratified minutes or other document identifying office holders and shareholders.  **OR**  Statutory declaration in form valid for your jurisdiction confirming the entity exists and the key office holders and shareholders. See Attachment B of this form for example wording. **confirm attached** |
| **Foreign Sole Trade**  Certified copy of Passport or Drivers Licence **confirm attached** |
| **All Foreign Entities**  Australian business trading name: Insert ABN of trading name: Insert  If the supplier is not entitled to an ABN as they are not carrying on an enterprise in Australia:  [Statement by Supplier not quoting an ABN form](https://www.ato.gov.au/uploadedFiles/Content/MEI/downloads/Statement%20by%20a%20supplier.pdf) (Australian Taxation Office form) **confirm attached** |
| * **Trust** |
| Trustee full name: Insert  Trustee ACN or ABN: Insert  Trust beneficiaries full names as detailed in Trust Deed : Insert  If Trustee is an individual, attach a certified copy of Passport or Drivers Licence **confirm attached** |

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| * **Partnership** |
| Partner full names: Insert |
| * **Sole Trader** |
| Individual full name: Insert |
| * **Landlord (Where natural persons only)** |
| Certified copy of Passport or Drivers Licence **confirm attached**  [Statement by Supplier not quoting an ABN form](https://www.ato.gov.au/uploadedFiles/Content/MEI/downloads/Statement%20by%20a%20supplier.pdf) (Australian Taxation Office form) **confirm attached** |

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| **SUPPLIER DETAILS** | | |
| **Street Address** | **Address for Purchase Orders** | |
| Street Address: Insert  Suburb/Town: Insert  Postcode: Insert  Country: Insert | Street Address: Insert  PO Box **(if applicable):** Insert  Suburb/Town: Insert  Postcode: Insert  Country: Insert | |
| **Supplier Contact Person** (This must be a current employee or officer of the Supplier) | | |
| Full Name: Insert  Direct Telephone: Insert  Mobile: Insert | Contact Person Email: Insert  Email for Notices and Purchase Orders: Insert  Email for Remittances (if different from above): Insert | |
| Full Name: Insert  Direct Telephone: Insert  Mobile: Insert | Contact Person Email: Insert  Email for Notices and Purchase Orders: Insert  Email for Remittances (if different from above): Insert | |
| Full Name: Insert  Direct Telephone: Insert  Mobile: Insert | Contact Person Email: Insert  Email for Notices and Purchase Orders: Insert  Email for Remittances(if different from above): Insert | |
| **WA Regional Supplier** (Supplier location within WA region?) | | |
| Are you a WA regionally located business? [Hover for Guidance](#regionalsupplierguidance)  if **YES**, please select one of the following WA regions that best aligns with your regional address: | | **Yes**  **No** |
| * Esperance / Goldfields | |  |
| * Gascoyne / Midwest | |  |
| * Pilbara | |  |
| * East Kimberley | |  |
| * West Kimberley | |  |
| if **NO**, please select one of the following best aligns with your address: | | |
| * Perth Metro | |  |
| * Interstate (VIC, NSW, SA, QLD, TAS, NT, ACT) | |  |
| * International (Non Australian) | |  |

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| **Other information** | |
| Are you a small business? [Hover for Guidance](#SMEsupplierguidance) | Yes No |
| Standard trading hours / availability Insert | |
| Is your business available for emergency? *(for example out of hours, 24hr, call-out, stand-by)*  *If “YES” please provide brief description below;*  Insert | Yes No |

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| **SOCIAL PROCUREMENT SUPPLIER INFORMATION** | | | |
| ***Please select any of the following applicable you’re your business;*** | | | |
| Australian Disability Enterprise |  | Enter Registration No. if known Insert | |
| Registered Aboriginal Business via Supply Nation  [Supply Nation](http://supplynation.org.au/) |  | Enter Registration No. if known Insert | |
| Registered Aboriginal Business via Aboriginal Business Directory  [Aboriginal Business Directory (WA](http://www.abdwa.com.au/home.asp?cmd=register&CID=) |  | Enter Registration No. if known Insert | |
| What is the approximate number of current role filled by Aboriginal & Torres Strait Islander persons? | | | Insert |
| Is your business owned or managed by at least 50% Aboriginal or Torres Strait Islander people? | | | Yes  No |
| Do you have a Reconciliation Action Plan (RAP) approved by Reconciliation Australia | | | Yes  No |

***To enable EFT (Electronic Funds Transfer) you must provide the following;***

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| **FINANCIAL DETAILS** | |
| Bank Entity: Insert  Bank Account Name: Insert | BSB: Insert  Bank Account Number: Insert |
| Are you registered for GST? | Yes No |

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| **INSURANCE DETAILS;**  Please select insurance details being provided to support accreditation: | |
| Public / Product Liability  Workers Compensation  Motor Vehicle  Professional Indemnity  *Other* | *Please Specify:* Insert |

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| **SUPPLIER DECLARATION** | |
|  | As an authorised representative of the Supplier, I declare that:   1. All information provided in this form is true and correct at the time of completing this form. 2. If the Supplier is engaged by Horizon Power to provide goods, services or works the Supplier will perform its obligations in accordance with the applicable contract including but not limited to complying with any applicable Horizon Power Policies and Guidelines. 3. If the Supplier is engaged by Horizon Power to provide goods, services or works, the Supplier undertakes to comply with any insurance requirements imposed on the Supplier under the applicable contract. 4. No actual, potential or perceived conflict of interest currently exists and the Supplier will not engage in any conduct which gives rise to or may give rise to any actual, potential or perceived conflict of interest. 5. If Supplier is a trust, the trustee has capacity to enter into contractual agreements on behalf of the trust. 6. The Supplier will promptly advise Horizon Power of any changes to information provided in this form. 7. I am authorised to complete and sign this form on behalf of the Supplier. |

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| **Authorised Representative Signature – Must be Senior Management Team and Signature Cannot be Typed** | |
| Full name: Insert  Position: Insert | Signature:  Date: Insert |

Please forward the signed form to the Procurement Group at [suppliers@horizonpower.com.au](http://dm.horizonpower.com.au/contentserverdav/nodes//mailto%3Asuppliers%40horizonpower.com.au)

**Attachment A – Statutory Declaration for Associations Only**

WESTERN AUSTRALIA

OATHS, AFFIDAVITS AND STATUTORY DECLARATIONS ACT 2005

STATUTORY DECLARATION

I, Full Name, Address, Occupation

..........................................................................................................................................................................

{name, address and occupation of person making declaration}

sincerely declare as follows:-

1. I, Full Name, Position in Association am one of the persons appointed to the committee of Association or Charity Name (**Association**) by the Choose an item.

2. As at the date of signing the **attached** Horizon Power Supplier Accreditation Form, the members of the committee of the Association and their positions are:

(a) Full Name, Position in Association,

(b) Full Name, Position in Association,

(c) Full Name, Position in Association,

(d) Full Name, Position in Association,

(e) Full Name, Position in Association.

3. The sponsorship or donation provided by Horizon Power will be used in accordance with the agreement between Horizon Power and the Association.

This declaration is true and I know that it is an offence to make a declaration knowing that it is false in a material particular. This declaration is made under the *Oaths, Affidavits and Statutory Declarations Act 2005.*

at Place,

.......................................................................

{place}

Click down arrow to insert date.

........................................................................

{date}

by ……………................................................

{Signature of person making the declaration}

In the presence of

........................................................................

{Signature of authorised witness}

Name

........................................................................

\*\* Important – This declaration must be made before any of the persons listed on the WA Authorised Witness List: <https://www.commerce.wa.gov.au/consumer-protection/authorised-witnesses>

{Name of authorised witness}

Qualification

........................................................................

{Qualification as such a witness}\*\*

**Attachment B – Sample Text for Foreign Entity Statutory Declaration**

*As at the date of signing the* ***attached*** *Horizon Power Supplier Accreditation form,* insert Business Name:

* *is a* insert legal entity type for example: Corporation, Limited Liability Corporation, Private Company
* *is listed on* insert country and state (if applicable) *company registration since* insert date of registration
* insert Business Name *has the following director and individual shareholders*

1. Full Name*,* insert date of birth *is a director*
2. Full Name*,* insert date of birth *is a director*
3. Full Name*,* insert date of birth *is a director and*
4. *and* Full Name, insert date of birth *is the secretary*

*The individual shareholders are*

1. Full Name*,* insert date of birth
2. Full Name*,* insert date of birth
3. Full Name*,* insert date of birth

*This declaration is true and I know that it is an offence to make a declaration knowing that it is false in a material particular.*

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| HORIZON POWER USE ONLY – Horizon Power Requestor must complete all sections |
| **Accreditation Type** |
| Choose an item. |

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| **Key Supplier Information** | |
| Describe the goods or services: Insert | |
| Contract or Purchase Order? Choose an item.  HP Number: Insert | |
| Estimated Spend: $ Insert | |
| Emergency Supplier | Yes No |
| Supplier is Non-Standard  If Supplier does not meet insurance or payment terms in Purchase Order Terms and Conditions a [Non-Standard Supplier Form](https://forms.office.com/Pages/ResponsePage.aspx?id=QEszzQ-MF06CzRRwAE83wJCQloEf1idPiHVjrbpSGrRUNk8yVVo3WlQwSkdVUjZZWjZLR0RJRlM5UyQlQCN0PWcu) must accompany this accreditation. | Yes No |
| Re-activation If applicable, Supplier number: Insert | Yes No |
| Renewable Energy Certificate Supplier [Hover for Guidance](#RECsupplierguidance" \o "Supplier payment terms to be set at 30 days until spot purchase agreed. HP Number and payment terms to be sent via a template email to Supplier Analyst) | Yes No |
| Does the supplier require access to the Horizon Power IT systems to complete the Supplier’s obligations under the contract | Yes No |
| Will the supplier be engaged to work on a stimulus project? | Yes No |

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| **Payroll Tax Questionnaire** | |
| 1. Is the supplier an independent contractor or consultant providing their labour as a service and operating through their own independent business?  [Hover for Guidance](#PRTaxsupplierguidance) Yes No | |
| 1. If you answered Yes, is the supplier a contractor/consultant working; 2. on a particular project contracted for a set period of time? 3. under the control/direction of a Horizon Power employee/supervisor? 4. at a Horizon Power office/depot using HP office equipment? | Yes No  Yes No  Yes No |

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| **Taxable Payment Annual Report Exempt Supplier Questionnaire** | |
| 1. Is the supplier an Australian Government Entity (local, state or federal)? | Yes No |
| 2. Is the supplier a goods only supplier? | Yes No |
| 3. Is the supplier an accommodation supplier e.g. rent for commercial or residential premises, hotels, motels etc? | Yes No |
| 4. Is the supplier supplying a licence to use a software product? | Yes No |
| 5. Is the supplier a grants/sponsorship provider? | Yes No |

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| **Horizon Power Requester and Signature** |  | |
| Name: Insert  Role: Insert  Division: Insert Group: Insert | | Signature :  Date: Insert |

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| **Processor to Complete** | | |
| Ellipse supplier code: Insert | Supplier category/subcategory: Insert | |
| 1. ABN and supplier number added to Corporate Scorecard monitoring dashboard 2. If trustee is a company add ACN and supplier number to dashboard 3. Added legal entity type to Ellipse 4. Notified Finance if not registered for GST, Statement by Supplier form submitted, TPAR questionnaire answered ‘yes’ and/or Payroll Tax questionnaire answered ‘yes’ 5. Added IT, Stimulus and Aboriginal business status flag to supplier type in Ellipse if applicable 6. Add suburb to address line three and complete all address field lines for foreign entities. | | Yes No |