Complete this form if you are a new vendor wanting to register as an ACC vendor to provide goods and services to ACC clients. Email this completed form to registrations@acc.co.nz.

For help or questions, email registrations@acc.co.nz or call the Provider Helpline on
0800 222 070.

Your information

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| 1. Vendor details |
| Organisation name (trading name that appears on your invoices):  |       |
| Legal name (if different): |       |
| Legal status (registered company): |       |
| Primary service provided: |       |
| Key ACC contact you have been working with (if known): |       |
| Do not provide a private or confidential address as it may be visible on client records |
| Physical work address. If no postal address is provided, then this work address is where letters and payment remittance advices will be sent: |       |
| Work postal address - if different from work physical address: |       |
| GST registered? [ ]  Yes [ ]  No | GST number:       | IRD number:       |
| Main organisational contact person |
| Contact name:       |
| Work phone number:       | Work mobile number:       |
| Work email address:       |
| Preferred contact method (tick one):[ ]  Work phone number [ ]  Work mobile number [ ]  Work email address [ ]  Post |
| Referrals (purchasing) contact person, if different from above |
| Contact name:       |
| Work phone number:       | Work mobile number:       |
| Work email address:       |
| Preferred contact method (tick one):[ ]  Work phone number [ ]  Work mobile number [ ]  Work email address [ ]  Post |
| Payments contact person – for remittance advices |
| Contact name:       |
| Work phone number:       | Work mobile number:       |
| Work email address:       |
| Preferred contact method (tick one):[ ]  Work phone number [ ]  Work mobile number [ ]  Work email address [ ]  Post |

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| 2. Access to digital services |
| Fill in this section to advise what digital services you want to register for. |
| [ ]  My organisation uses a practice management system and I’ll need to apply for a digital certificate to submit ACC forms and query invoices.[ ]  I need access to ProviderHub to enable me to submit ACC45 injury claims forms and/or ACC40 invoices and perform online queries.[ ]  None of the above. I intend to deal with ACC via post. |
| If you use or plan to use a practice management system or accounting software, tell us the name of the system you use / will use:       |

Conditions and declarations

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| 3. Payment information |
| We need a copy or screenshot of the bank account details for the account you want us to make payment into.Please ensure that your bank account name, number and bank logo are clearly visible. |
| [ ]  Copy or screenshot attached |

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| 4. Authorised signatories |
| Supply the names and contact details of at least 2 authorised signatories who can approve change requests on behalf of your organisation. If you’re a sole trader, please go to **Section 5**. |
| Full name:       | Work email address:       |
| Job title:       | Work phone number:       |
| Full name:       | Work email address:       |
| Job title:       | Work phone number:       |
| Full name:       | Work email address:       |
| Job title:       | Work phone number:       |

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| 5. Conditions for doing business electronically with ACC |
| * All forms transmitted electronically to ACC must be true and correct and submitted in line with the specifications and protocols notified by ACC from time to time.
* Invoices must only be submitted for services provided to a client, in accordance with the provisions of the applicable ACC legislation or contract.
* ACC may cancel its permission for you to submit forms electronically at any time without liability for any costs or compensation by giving two weeks’ written notice.

Adequate procedures must be put in place to ensure the ACC system security standards, as set out in ‘ACC Security Policy for Electronic Business’, are met. |

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| 6. Declaration |
| I declare that:* the information given in this application is true and correct
* I have read, understood and accept the conditions specified in **Section 5**, and

I am authorised to make this declaration on behalf of the organisation. |
| Full name:       |
| Job title:       | Date:       |

In the collection, use, disclosure, and storage of information, ACC will at all times comply with the obligations of the Privacy Act 2020, the Health Information Privacy Code 2020 and the Official Information Act 1982. For further details see [ACC’s privacy policy](https://www.acc.co.nz/privacy/our-privacy-framework).