

# Retailer/Supplier/Payee Details



MINISTRY OF SOCIAL  
DEVELOPMENT  
TE MANATŪ WHAKAHIATO ORA

If you're a retailer, supplier or payee expecting to receive money from the Ministry of Social Development that relates to a client, you'll need to complete this form.

- **Retailers or suppliers** of goods and/or services are usually businesses, landlords or accommodation providers
- **Payees** are people or organisations approved to receive part or all of a client's payments.

We collect information such as your or your business' name, contact and bank details. If any of these details change, you need to let us know.

**To prevent a delay with payment, please provide all the documents we need. These are noted in the margin.**

## Details about you or your business

1

**Are you filling in this form as an individual or on behalf of a business?**

An individual

[Go to question 4](#)

On behalf of a business

2

**What is your business' name?**

3

**What is the trading name of your business?**

The name I wrote in Question 2

Other [Write the full name](#)

4

**What is your full name?**

First and middle names

Surname or family name

5

**Do you have a GST number?**

Yes

[What is the GST number?](#)

No

[What is your IRD number?](#)

6

**Do you want to accept the Youth Service payment card?**

No

Yes

### INFORMATION FOR Q5:

You **must** provide a GST or IRD number.

### INFORMATION FOR Q6:

Young people aged 16 to 19 years old have some of their weekly benefit payment loaded onto a payment card so they can buy essential items.

7

**Does your business mainly provide accommodation?**

No

**Go to question 10**

Yes

**INFORMATION FOR Q8:**

You need to provide proof that you're authorised to act on the property owner's behalf.

8

**Please tick which applies for your accommodation**

I'm the main tenant of a property I rent

I own the property

A family trust owns the property

Someone else owns the property and I'm authorised to act on their behalf

I provide temporary commercial or community based accommodation

**INFORMATION FOR Q9:**

Temporary commercial and community based accommodation may be suppliers of emergency housing.

9

**Do you want to register this accommodation as emergency housing?**

No

Yes

**Go to question 11****INFORMATION FOR Q10:**

You need to provide proof that you're authorised to act on the property owner's behalf.

10

**What type of goods or services do you mainly provide?**

Food

Fuel

Car repairs

Furniture

Clothing

Dental Treatment

Medical treatment

Optometry

Other

**What do you mainly provide?****EFTPOS details**

11

**Does your business use EFTPOS?**

No

**Go to question 13**

Yes

**ATTACHMENT FOR Q12:**

You must attach your merchant logon receipt.

12

**Which EFTPOS provider do you use?**

EFTPOS New Zealand or Verifone

**What is your Merchant ID Number? (the first eight digits of the terminal ID from your merchant logon receipt)**

Paymark or ETSL

**What is your Merchant ID Number? (the first six digits of the terminal ID from your merchant logon receipt)****ATTACHMENT FOR Q13:**

You need to provide proof of your bank account details, such as a bank statement.

13

**What bank account would you want your payments to be paid into?**

The account is in the name of:

The account number is:

Bank

Branch

Account number

Suffix

## Tell us how we can contact you

14

### What is your street address?

Flat/House number	Street name
<input type="text"/>	<input type="text"/>
Suburb	Town/City
<input type="text"/>	<input type="text"/>

#### HOW TO ANSWER Q14:

If you live overseas you must provide a contact address in New Zealand for Question 15.

15

### Is your mailing address different from where you live?

No  Yes **↓ If yes, tell us your mailing address**

<input type="text"/>
<input type="text"/>

#### HOW TO ANSWER Q16:

Please only give us contact details you'd like us to use.

16

### What are your or the authorised contact person's details?

Contact person's first name	Contact person's surname or family name
<input type="text"/>	<input type="text"/>

Tick the best way for us to contact you first

Phone	( )	
Mobile phone	( )	
Email	( )	

## Declaration and signature

### By signing this application you:

- understand this information is collected by the Ministry of Social Development and used for the purposes of the Ministry and that under the Privacy Act (which applies to individuals). You have the right to request access to all information the Ministry holds about you and to request correction to that information
- understand that the Privacy Act applies to all information about Ministry clients referred to your business outlet and must be treated by you in accordance with that Act
- understand that you and the Ministry are subject to the Official Information Act and therefore any information held by you in relation to this form is treated under that Act as held by the Ministry. Should you receive any request for information under that Act, you agree to forward that request to the Ministry immediately and to supply any such information requested by the Ministry to allow the Ministry to meet its obligations under that Act
- agree not to disclose any information about this registration or relating to Ministry clients to any third party unless required to disclose that information by law
- consent to any enquiries into your trading activities, or any other relevant information, as part of the process for making a decision about this registration (eg, contacting the EFTPOS provider to verify your Merchant ID, or the Ministry of Justice to verify any Secondhand Dealer or Pawnbroker's licence or certificate you may hold)
- commit to acting respectfully and professionally towards all Ministry of Social Development clients referred to you, and commit to ensuring your staff also do the same
- will ensure that Ministry clients know you are responsible for any fault with the product or service delivered, including standard warranty/guarantee conditions listed under the Consumer Guarantees Act
- understand that if the Ministry is redirecting money from a client's payment, the payment will only be made where the client's payment is sufficient to cover the redirection. The client or their agent may change the redirection at any time.
- agree to advise the Ministry immediately of any changes to the details you have provided on this form.

The information I have provided on this form is true and complete.

Name (print)	Signature	Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>