Complete this form in order to update records held by ACC and/or to authorise eBusiness activity if you are an existing vendor providing goods or services to ACC. Please return this completed form to ACC Provider Vendor Registrations, PO Box 30823, Lower Hutt 5040, or email [registrations@acc.co.nz](mailto:registrations@acc.co.nz). If you need help or have any questions, please email us or call us on 04 560 5211.

Part A – Vendor information

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Changing your contact information | | | |
| Your vendor code: | | Your vendor name: | |
| You’ll find both of these on your remittance advice. | | | |
| Date details will change: | | | |
| Please do not give us any private and confidential addresses as they may be visible on client records.  NB: If you don’t give us a work postal address then we will send letters and payment remittance advices to your physical address. | | | |
| Current physical work address: | | | |
| Current work postal address: | | | |
| New physical work address: | | | |
| New work postal address (if different from physical address): | | | |
| Changes to your main organisational contact person and/or work phone, work email details | | | |
| New contact name: | | | |
| New work phone number: | | New work mobile number: | |
| New work email address: | | | |
| New preferred contact method (tick one): | | | |
| Work phone number | Work mobile number | Work email address | Post |
| Changes to your referrals contact person and/or work phone, work email details | | | |
| New contact name: | | | |
| New work phone number: | | New work mobile number: | |
| New work email address: | | | |
| New preferred contact method (tick one): | | | |
| Work phone number | Work mobile number | Work email address | Post |
| Changes to your payments contact person and/or work phone, work email details | | | |
| New contact name: | | | |
| New work phone number: | | New work mobile phone number: | |
| New work email address: | | | |
| New preferred contact method (tick one): | | | |
| Work phone number | Work mobile number | Work email address | Post |

|  |  |  |  |
| --- | --- | --- | --- |
| 2. Access to eBusiness | | | |
| I need access to:  ACC eLodgement – to send ACC45 injury claim forms electronically **– Please complete all of Section 2**  ACC eBusiness Gateway – to send ACC40 invoices electronically and perform online queries **– Please complete all of Section 2**  None of the above. I intend to deal with ACC via post **– Please go to Part B** | | | |
| Digital certificates | | | |
| I’ll need to apply for a digital certificate for my vendor organisation and its users | | | |
| My organisation already has a digital certificate and the details are: | | | |
| Organisation name: | | | |
| Contact name: | | Work email address: | |
| The below organisation already has a digital certificate and I authorise them to submit and query invoices using my ACC vendor ID allocated as part of this application | | | |
| Organisation name: | | | |
| Contact name: | | Work email address: | |
| If you have a practice management system, please tick to show which one | | | |
| MedTech 32 | Houston Medical | Account4it (Peak) | Profile for Mac |
| Gensolve | MyPractice | Other – Please specify: | |
| Which device do you use to get online? | | | |
| PC or laptop | Mac | iPad | Tablet |
| Other – please specify: | | | |

|  |  |  |
| --- | --- | --- |
| 3. Changes to bank details | | |
| Original pre-printed deposit slip attached: | | |
|  | Current details | New details |
| GST number |  |  |
| IRD number |  |  |
| Bank account number |  |  |
| Bank account name |  |  |
| Tax exemption certificate – please supply copy |  |  |
| Tailored tax codes – please supply copy |  |  |

Part B – Conditions, declarations and signatures

|  |  |
| --- | --- |
| 4. Changes to authorised signatories | |
| Please supply the names of any new authorised signatories who can approve change requests on behalf of your organisation and ask them to complete and sign this section. We ask for at least 2 signatories. However, if you’re a sole trader who has no other authorised signatories please go to section 5 | |
| Name: | Work email address: |
| Job title: | Work phone number: |
| Signature: | |
| Name: | Work email address: |
| Job title: | Work phone number: |
| Signature: | |
| Name: | Work email address: |
| Job title: | Work phone number: |
| Signature: | |
| **To remove an authorised signatory** | |
| Name of person to be deleted: | Work email address: |
| Job title of person to be deleted: | Work phone number: |

|  |
| --- |
| 5. Conditions for doing business electronically with ACC |
| * All forms transmitted electronically to ACC must be true and correct * 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 * Forms must be submitted in line with the specifications and protocols notified by ACC from time to time   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. |

|  |  |
| --- | --- |
| 6. Vendor 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 6   I am authorised to make this declaration on behalf of the organisation. | |
| Full name: | Job title: |
| Signature: | Date: |

When we collect, use and store information, we comply with the Privacy Act 1993 and the Health Information Privacy Code 1994. For further details see ACC’s privacy policy, available at www.acc.co.nz. We use the information collected on this form to fulfil the requirements of the Accident Compensation Act 2001.