Complete this form if you are an existing vendor providing goods and services to ACC clients and want to update records held by ACC and/or to authorise access to digital services.

Email this completed form to [registrations@acc.co.nz](mailto:registrations@acc.conz). For help or questions, email [registrations@acc.co.nz](mailto:registrations@acc.co.nz) or call the Provider Helpline on 0800 222 070.

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: | | | |
| 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 digital services | |
| I need access to:  lodge ACC45 injury claims electronically and perform online queries of claims and client claim history  lodge Sensitive Claims engagement forms  send ACC40 invoices electronically and perform online queries of invoices and remittances  None of the above. I intend to deal with ACC via post **– Go to Part B** | |
| **Digital certificates** | |
| My organisation uses a practice management system, and I’ll need to apply for a digital certificate to submit ACC forms and query invoices. | |
| 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: |

|  |  |  |
| --- | --- | --- |
| 3. Changes to bank details | | |
| If this information has changed, we need a copy or screenshot of the bank account details for the account you want us to make payment into. Ensure that your bank account name, number and bank logo are clearly visible.  Copy or screenshot attached | | |
|  | Current details | New details |
| GST number |  |  |
| IRD number |  |  |
| Bank account number |  |  |
| Tax exemption certificate – supply copy |  |  |
| Tailored tax codes – supply copy |  |  |

Part B – Conditions and declarations

|  |  |
| --- | --- |
| 4. Changes to authorised signatories | |
| Supply the names and contact details of any new authorised signatories who can approve change requests on behalf of your organisation. We ask for at least two signatories. However, if you’re a sole trader who has no other authorised signatories, go to **section 5.** | |
| Name: | Work email address: |
| Job title: | Work phone number: |
| Name: | Work email address: |
| Job title: | Work phone number: |
| Name: | Work email address: |
| Job title: | Work phone number: |
| **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 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. |

|  |  |
| --- | --- |
| 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 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).