



NEW VENDOR INFORMATION REQUEST FORM

Instructions to new vendors (Part A):

Please fill in all the fields under the heading “*Information to be Supplied by Proposed New Vendor*”. We will use this information to set an account up for you in our financial system. Please note this document is used to gather information and the onus is on you to ensure that all the details are correct.

Notes:

- **Principal** means Red 5 Limited (ABN 73 068 647 610) and its related bodies corporate including;
 - Darlot Mining Company Pty Ltd (DMC) ABN 78 165 235 245, and
 - Greenstone Resources (WA) Pty Ltd (KoTH) ABN 58 100 341 599

- The requestor is responsible for requesting the below information from the proposed vendor.
- The proposed new vendor should submit the below information to the Principal’s representative who intends using their services (the requestor)
- Payment will be made to the vendor within Thirty (30) days of the end of the month in which the tax invoice is submitted, in accordance to the Principal’s standard Terms and Conditions.
- All goods and services supplied shall be in accordance to the Principal’s Purchase Order Terms and Conditions, which can be viewed on www.red5limited.com/standard-terms-conditions
 - Signature of this Vendor Information Request will constitute acceptance of the Principal’s standard terms and conditions set out in the preceding link.

Please scan and send the COMPLETED SIGNED Version to:
Vendors@red5ltd.com



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PART A: INFORMATION TO BE SUPPLIED BY PROPOSED NEW VENDORS

NOTE: In your response, please fill in the following fields and print this document onto your company letterhead and ensure that it is signed off by an appropriate employee. We will not be able to process any payments unless this requirement is fulfilled.

Entity Name			
Trading Name			
No. of Employees			
ACN		ABN	
Ultimate Parent Company Name			
Street Address			
Postal Address			
Telephone		Facsimile (office)	

	First Name	Surname
Accounts Receivable – Contact Person		
Accounts Receivable – Phone		
Accounts Receivable – Fax (for sending Remittances)		
Accounts Receivable – Email (for sending Remittances)		

	First Name	Surname
Purchasing – Contact Person		
Purchasing – Phone		
Purchasing – Fax (for sending Purchase Orders)		
Purchasing – Email (for sending Purchase Orders)		

For Services Only	Is your organization registered with the WA State Revenue Dept. for payroll tax?	
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Banking Details	
Account Name	
Bank	
BSB Number	
Bank Account Number	
Bank Branch	



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PLEASE ENSURE YOU SIGN BOTH SECTIONS

Insurance Certificates of Currency Note:

If you desire to provide any form of services to the Principal, it is a requirement of our insurers to obtain copies of your Certificate of Currency for all applicable insurances.

If applicable, please send appropriately endorsed Certificates of Currency (refer PO Terms) with this completed form.

Certificates of Currency Attached:	<input type="checkbox"/> Public Liability	<input type="checkbox"/> Product Liability (Goods)
	<input type="checkbox"/> Motor Vehicle Insurance	<input type="checkbox"/> Workers Compensation
	<input type="checkbox"/> Industrial Disease (If going on site)	

CONFLICT OF INTEREST DECLARATION: To be completed by the Company Manager:

Please declare if you or any of your company employees know of or have any conflict of interest (including by way of direct association, pecuniary interest, control or direct involvement) with the Principal or its employees by selecting whichever is applicable and then signing below.

I declare I DO or I DO NOT have a conflict of interest in relation to the Principal or its employees.

Company Manager Name		Signature	
Registered Company Name		Date	

I hereby agree to the Principal's standard Terms & Conditions and confirm that the Banking details provided are correct.

Authorised Officer		Signature	
Position		Date	

Please select the appropriate product categories below which you supply

- Equipment Supply Good Supply Service Supply

Services supply: Please select specific product categories for services.

GENERAL SERVICES <input type="checkbox"/>	CONSTRUCITON SERVICES <input type="checkbox"/>
CONSULTING SERVICES <input type="checkbox"/>	AVIATION SERVICES <input type="checkbox"/>
ENGINEERING SERVICES <input type="checkbox"/>	PROFESSIONAL SERVICES <input type="checkbox"/>
DRILLING SERVICES <input type="checkbox"/>	SMALL SCALE GENERAL SERVICES <input type="checkbox"/>



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INFORMATION TECHNOLOGY SERVICES <input type="checkbox"/>	CATERING AND JANITORIAL SERVICES <input type="checkbox"/>
ACCOMODATION SERVICES <input type="checkbox"/>	If others, please specify <input style="width: 100%;" type="text"/>

Goods Supply: Please select specific product categories for goods.

AMMUNITION AND EXPLOSIVES <input type="checkbox"/>	FURNISHINGS <input type="checkbox"/>
PIPE, TUBING, HOSE <input type="checkbox"/>	OFFICE SUPPLIES <input type="checkbox"/>
VALVES <input type="checkbox"/>	PRINTED MATERIALS <input type="checkbox"/>
HAND TOOLS <input type="checkbox"/>	RECREATIONAL EQUIPMENT <input type="checkbox"/>
HARDWARE AND ABRASIVES <input type="checkbox"/>	CLEANING EQUIPMENT <input type="checkbox"/>
WOOD MATERIALS <input type="checkbox"/>	BRUSHERS, PAINTS <input type="checkbox"/>
CONSTRUCTION MATERIALS <input type="checkbox"/>	PACKING SUPPLIES <input type="checkbox"/>
ELECTRICAL COMPONENTS <input type="checkbox"/>	FABRICS,PADDING,LEATHER <input type="checkbox"/>
FIBRE OPTICS <input type="checkbox"/>	CLOTHING,INDIVIDUAL EQUIP <input type="checkbox"/>
LIGHTING FIXTURES, LAMPS <input type="checkbox"/>	TOILETRIES <input type="checkbox"/>
SECURITY DETECTION SYS <input type="checkbox"/>	AGRICULTURAL SUPPLIES <input type="checkbox"/>
MEDICAL SUPPLIES <input type="checkbox"/>	FUELS, LUBRICANTS, OILS <input type="checkbox"/>
LABORATORY EQUIPMENT <input type="checkbox"/>	NONMETALLIC CRUDE MAT <input type="checkbox"/>
PHOTOGRAPHIC EQUIPMENT <input type="checkbox"/>	METAL BARS, SHEETS <input type="checkbox"/>
CHEMICALS <input type="checkbox"/>	ORES, MINERALS, SCRAP <input type="checkbox"/>
FURNITURE HOUSEHOLD <input type="checkbox"/>	If others, please specify <input style="width: 100%;" type="text"/>

Equipment Supply: Please select specific product categories for equipment.

FIRE CONTROL EQUIPMENT <input type="checkbox"/>	METALWORKING MACHINERY <input type="checkbox"/>
RAILWAY EQUIPMENT <input type="checkbox"/>	REFRIGERATION EQUIP <input type="checkbox"/>
TRACTORS <input type="checkbox"/>	FIRE FIGHTING <input type="checkbox"/>



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VEHICULAR COMPONENTS <input type="checkbox"/>	COMPRESSORS AND PUMPS <input type="checkbox"/>
TIRES AND TUBES <input type="checkbox"/>	PLUMBING, HEATING EQUIP <input type="checkbox"/>
ENGINES, TURBINES <input type="checkbox"/>	WATER PURIFICATION <input type="checkbox"/>
ENGINE ACCESSORIES <input type="checkbox"/>	COMMUNICATION EQUIP <input type="checkbox"/>
POWER TRANSMISSION EQUIP <input type="checkbox"/>	TEST EQUIPMENT <input type="checkbox"/>
BEARINGS <input type="checkbox"/>	If others, please specify <input type="text"/>