

# Business Innovation Program (BIP) - Supplier Registration Form

## Form Preview

### Business Innovation Program Supplier Registration

\* indicates a required field

#### Eligibility

In order to register your business as a supplier for the [Business Innovation Program \(BIP\)](#) you must have read, understood and agreed to the Program's [Terms and Conditions](#). The Terms and Conditions contain important information about eligibility, registration, quotation, invoicing and acquittal.

#### An eligible supplier is a Territory Enterprise that:

- is operating in the Northern Territory - the enterprise is currently engaged in productive activities (i.e. production of goods or delivery of services) within the NT.
- Has a significant permanent presence - the enterprise maintains an office, manufacturing facilities or other permanent base within the NT.
- Has a registered ABN.

#### Please Note:

- Approval is dependent upon satisfactory results of due diligence the Department may conduct (in its absolute discretion).
- Approval of the use of a supplier that is not a Territory Enterprise is at the discretion of the Department.
- Only approved suppliers that are Territory Enterprises will be listed on the [website](#).

If you require any assistance with completing this form, please contact [innovation@nt.gov.au](mailto:innovation@nt.gov.au).

#### I have read, understood and agree to the Terms and Conditions \*

(Yes)

#### Business details

Please use the below form to complete your supplier registration, The department will use the below details to contact you should we require any additional information.

For Territory Enterprises wishing to publish their services on the [website](#), Please see the help text below each question to determine which information will be published.

#### Legal entity name: \*

Organisation Name

Legal entity name (not trading name).

#### Trading name: \*

Can be the same as the legal entity name. This will be included on the website

#### Legal entity type: \*

Company (Pty Ltd)    Partnership    Sole Trader    Trust    Incorporated Association    Original Corporation

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## Form Preview

Entity type as shown on the ABN look up in this form.

**ABN:**

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

**What EDF Sector best aligns with your organisation? \***

Other:

To find out more information about EDF sectors, please visit [www.edf.nt.gov.au](http://www.edf.nt.gov.au)

**Primary Address: \***

Address

  

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

**Postal Address: \***

Address

  

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

**Primary Phone Number: \***

Must be an Australian phone number. Please include area code.

**Primary Email: \***

Must be an email address.

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**Is your business based in the Territory? \***

Yes

No

Please refer to the program terms and conditions for Territory Enterprise definition

**Please provide a brief bio on your organisation: \***

Word count:

Must be no more than 100 words.

Must be no more than 100 words.

**Do you wish for your business to be published on the innovation website as a registered supplier? \***

Yes

No

Please note only APPROVED Territory based suppliers will be published on the Innovation website.

**Are you registered as an NTG Vendor? \***

Yes

No

**NTG Vendor ID Number (if known):**

You can leave this blank for now. However you will need a vendor ID to be paid by NTG.

## NTG Vendor registration

**We recommend registering to become an NTG Vendor by visiting the [InvoiceNTG website](#).**

To receive payments from the Northern Territory Government (NTG) you will be required to be registered as an NTG Vendor.

Should you have any questions with registering to be an NTG Vendor, DCIS accounts payable can be contacted on freecall 08 8943 6237 between 8am and 4.30pm Monday to Friday, excluding public holidays.

## Trust entities

If your Legal Entity is a **Trust**, you will need to upload a copy of the Trust Deed to provide confirmation of who is your Trustee.

**Legal Entity** name in the Business details section should be written as;

ABC Pty Ltd the trustee for ABC Family Trust

or

John Smith the trustee for ABC Family Trust

**Copy of Trust Deed \***

Attach a file:

## Website information

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In addition to your organisation's trading name, the below information will be published on the [website](#) under the list of registered suppliers. The website will filter organisation by the services they provide.

**Contact person: \***

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact person for supplier inquires

**Contact phone number: \***

Must be an Australian phone number.  
Please include area code. Contact number for supplier inquires

**Contact email address: \***

Must be an email address.  
Contact email for supplier inquires

**Website:**

Must be a URL.

**Organisation Logo:**

Attach a file:

Contact person for supplier inquires

**What services does your organisation provide? \***

- Intellectual Property and Trademarks
- Legal Services
- IT Services
- Design and Branding
- Research and Development
- Manufacturing and Prototyping
- Product Testing and Trials
- Engineering
- Concept Development
- Other:

Please note, your listing on the website will be listed by the above services. You may select more than one.

**Which region(s) does your organisation service? \***

- Darwin
- Alice Springs
- Katherine
- Tennant Creek
- Nhulunbuy
- Other

At least 1 choice must be selected. You may select multiple locations if your organisation services multiple regions

Unattested Declaration under the Oaths, Affidavits and Declarations Act

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I (insert your full name),

\*

### solemnly and sincerely declare

- I have read, understood and agree to comply with the Terms and Conditions of the Business Innovation Program ("BIP"/ "Program")
- I have read, understood and agree to the Privacy Statement.
- I understand some business/ organisation and contact information that we give to the Department as part of this application may be listed publicly and I acknowledge the disclaimer regarding how the information I provide will be stored and used;
- By completing this declaration I confirm that my business is not under external administration or in liquidation, is not insolvent and I have no reason to believe that it will become insolvent during the course of the program;
- My business is not currently being investigated by any law enforcement agency for fraud, NT Worksafe or Licensing NT non-compliance;
- I understand and consent to the Department conducting any due diligence in relation to my business as it sees fit, including but not limited to conducting spot audits and site inspections;
- I will advise the Department immediately if any details relating to my business/ organisation changes during the course of the Program;
- No offer of cashback or any other benefit (whether monetary or not) has been made to me, my business/ organisation or any related third party as a condition of acceptance of a quotation given to for works undertaken on the premises during the course of the Program;
- We have, and will maintain in force, all required permits, licences, insurances relevant to the conduct of the Contract(s);
- As the Eligible Service Business we are not Related to or a Relative of the entity we are providing the quotation to;
- I understand that my business/ organisation must comply with all laws relevant to my business's participation, including without limitation to all statutory requirements for permits and approvals in relation to the Works, Goods and Services, laws relating to any relevant Premises, and the obligations on persons to report unlawful activity under the *Independent Commissioner against Corruption Act (NT)*.
- I have read, understood and fully accept these Terms and Conditions and fully release and indemnify the Department against any loss or damage he / she / it / they may suffer of any nature whatsoever (including without limitation personal injury or death) caused or contributed to by participation in the Program, the conduct or delivery of any Works, Goods or Services or otherwise
- My business/ organisation fully releases and indemnify the Department against any loss or damage they may suffer of any nature whatsoever (including without limitation personal injury or death) caused or contributed to by participation in the Program.
- I am a principal of the business/ representative of the organisation and I am duly authorised to make this Declaration.

**This declaration is true and I know that it is an offence to make a declaration that is false in any material particular. \***

Yes

**This Declaration is made at \***

place eg. Darwin

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**Name \***

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Must be the Principal of the Business

**Date of Birth \***

Must be a date.

**Position \***

**Date of declaration \***

Must be a date.