



## Supplier Accreditation Instructions

Synergy has introduced Supplier Accreditation to ensure that our potential liability risks are managed, internal processes support “best practice” principles and corporate governance is maintained.

All suppliers to Synergy are required to undertake System Entry Level Accreditation. The benefit of this to individual providers is that Synergy will be able to place purchase orders with your company as and when required. A Purchase Order is required before any work is commenced for Synergy.

Our System Entry Level Accreditation covers five key areas.

- 1) Supplier Request Form;
- 2) Insurance Schedule;
- 3) Safety and Health Statement;
- 4) Environmental Statement; and
- 5) Supplier Acceptance Form and Document Checklist.

Accreditation requires you to complete documentation, or take action, in each of the above areas. It will be achieved when:

- 1) Synergy and/or its agent has received the completed documentation;
- 2) The information provided is validated and processed; and
- 3) Synergy’s supplier database has been updated with the validated information.

The complete list of documentation to be provided for accreditation consideration is contained in our “Document Checklist”.

## Business and commercial

The documentation to complete in this area is a "Supplier Request Form". The form is attached. The information requested on this form includes:

- 1) Information about your business
  - a) Name
  - b) Address, physical and postal; and
  - c) Phone, fax and email details
- 2) Company registration details
  - a) ACN/ABN Number;
  - b) ABN Number; and
  - c) GST Registration Information
- 3) Bank account details to enable electronic transfer of funds. These details must be supplied on Company Letterhead and signed by a Director or an Accountant. Please provide the details listed on the "Supplier Request Form."

## Insurance

Evidence of insurance cover is required for the following insurance types:

- a) Workers' Compensation Insurance, including cover for directors, officers and principals;
- b) Employer's Liability Insurance if applicable (applicable in the eastern states only);
- c) Public and Product Liability Insurance;
- d) Professional Indemnity; and
- e) Insurance in respect of any motor vehicles used in carrying out the Services (including third party personal injury and property damage insurance).

"Synergy noted on policy" means that Synergy is to be noted on each insurance policy is desirable but not compulsory.

If you are eligible for an insurance exemption, based on the type of work you will be undertaking on Synergy's behalf, you will be advised by the Synergy employee who has contacted you regarding the provision of your service.

Please note that this information will be required on an annual basis triggered by the expiry date of the insurance policy/ies.

The documentation to complete in this area is an "Insurance Schedule". It can be done in one of two ways.

EITHER

- a) Have your insurance provider/broker complete and sign the Insurance Schedule

OR

- b) Obtain certificates of Currency for each insurance type from your insurance provider/broker

## Safety and health

Our "*Safety and Health Statement*" gives an overview of the principles that underpin our approach in this area and, in general, details our expectations of you as a provider to Synergy.



The action expected of you is to sign the Supplier Acceptance Form to confirm that you have read, understood and agree to abide by the principles and expectations contained therein.

## Environment

Our “*Environmental Statement*” gives an overview of the principles that underpin our approach in this area and, in general, details our expectations of you as a provider to Synergy.

The action expected of you is to sign the Supplier Acceptance Form to confirm that you have read, understood and agree to abide by the principles and expectations contained therein.

## Supplier Acceptance Form

We ask you to acknowledge with your signature that you:

- have provided accurate business and commercial and insurance information;
- will notify Synergy of all changes to that information; and
- have read, understood and agree to abide by the principles and expectations contained in the Safety and Health and Environment Statements.

## Document checklist

Use this checklist to ensure that you return all documentation required for accreditation consideration. Once we have received and processed the documents we will be able to place purchase orders with your company.

## Any queries

See the information provided on the Synergy website [www.synergyenergy.com.au](http://www.synergyenergy.com.au) Alternatively one of our accounts payable representatives will be happy to assist you. You can contact them on:

Telephone : (08) 6212-1189  
Facsimile : (08) 6212-1038  
Email : [accounts.payable.se@synergyenergy.com.au](mailto:accounts.payable.se@synergyenergy.com.au)



# Supplier Request Form

Please Note:

If you have any questions regarding this form please contact Synergy Accounts Payable on: Telephone #(08) 6212 1189, Facsimile (08) 6212 1038 or Email [accounts.payable.se@synergyenergy.com.au](mailto:accounts.payable.se@synergyenergy.com.au)

## Supplier Details

Please Note: The supplier is required to complete the following section.

Name (full name of company)	
Physical address: Street #	
Street Name	
Suburb/Town	State
Phone #	Fax #
Mobile #	Email
Postal Address	
EFT Details must be supplied on a Company Letterhead and signed by a Director or an Accountant. The letter must include the following details: Bank, Branch, BSB #, Account # and Account Name	Company Registration Details: ACN/ABN # _____ ABN # _____ Company is GST registered: Y/N

## Synergy internal use only

Please Note:

- Supplier Request Forms will not be processed unless the form has been correctly completed and signed
- Please check as to whether the supplier is already established by reviewing MIMS screen MSO201 and MSO263
- This form can only be authorised by Synergy employees with DFA of \$50k or more
- Staff must not order Goods and/or Services until the supplier has been set-up in MIMS

Date		
Compiler	Pay #	Extension #
New Supplier Type	Goods <input type="checkbox"/>	Service <input type="checkbox"/>
Reactivate Y / N	Alteration	Y / N
Type of Industry	Payment Terms	Days
Does the Supplier qualify for Insurance Exemption (refer to Pre-approved Insurance Exemption List)		Y / N

Authorised by:

Name	Pay #
Signature	



# Insurance Schedule

This form must be completed and signed by the Insurer or Broker to certify the details, value and currency of your insurance. If your Insurer or Broker is not able to complete this schedule please attach copies of your Certificates of Currency for each type of insurance cover.

## Insured Details

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Type	Insurance Description	Insurer	Policy Number	Synergy Noted on Policy	Effect Date	Expiry Date	Sum Insured
<b>EL</b>	Employers Liability (if applicable)			Y / N			
<b>PL</b>	Public/product Liability			Y / N			
<b>MV</b>	Motor Vehicle – including 3rd party property damage			Y / N			
<b>PI</b>	Professional Indemnity			Y / N			
<b>WC</b>	Workers Compensation			Y / N			
	Working Directors Coverage				Please Circle		
	Do the Directors work for the company?				Y / N		
	Are Working Directors, Officers and Principals covered by this policy?				Y / N		

Insurance Broker's Details (for use when Insurance Schedule is filled out by the Broker)

I/We certify that the information provided is accurate and the above insurances are in force until the expiry dates shown.

Name of Insured Company \_\_\_\_\_

Broker's Signature \_\_\_\_\_

Broker's Name \_\_\_\_\_

Date \_\_\_\_\_



# Safety and Health Statement

Synergy is committed to excellence in safety and health management for our people, our service providers and those within the communities affected by our operations and facilities.

The Principles that underpin our approach to safety and health are:

- Safety and health come first, always;
- Incidents and injuries are preventable;
- Every individual:
  - a. is accountable for the safety of themselves and others
  - b. is intolerant of unsafe practices and conditions
  - c. must identify, assess and manage hazards
- There is active involvement and open communication on safety and health at all levels
- We will continually improve the safety and health capabilities of our people

Our expectation of you as a service provider to us is that you will:

- Undertake a risk assessment for all work performed and plan to manage the risks identified
- Actively work towards creating a safe working environment
- Provide and maintain plant, equipment and facilities that enable safe working practices
- Perform work for Synergy in a way that protects your safety and the safety of members of the public, third parties and Synergy personnel and property
- Cease work and take action if safety cannot be assured
- Report all hazards and incidents to Synergy that result in, or have the potential to, cause injury and/or damage

Synergy recognises the value of the environment to the community and future generations. We will work towards sustainable development by the responsible production, distribution and use of energy.

# Environmental Statement

Synergy will:

- Instill a sense of environmental responsibility amongst our people
- Protect the natural and cultural environment in all our operations in a socially responsible manner
- Embrace the principles of continual improvement, waste minimisation and pollution prevention
- Continually improve our environmental management system
- Meet all legal obligations and industry agreements both in letter and spirit
- Establish, monitor and review environmental targets and publicly report environmental performance
- Adopt cost-effective measures to abate greenhouse emissions as part of business decisions
- Be a leader in the development and application of sustainable energy
- Communicate with and involve all interested people on environmental issues in an open and timely manner

Our expectation of you as a service provider to us is that you will be aware of:

- Synergy's environmental policy and applicable environmental legislation
- Government agency obligations
- The environmental issues and risk associated with the work/project/site
- Environmental incident management and emergency response procedures



# Supplier Acceptance Form

- 1) I have provided accurate insurance information and agree to:
  - Advise Synergy immediately of any change of insurer and/or to the level or nature of cover I hold; and
  - On renewal of policy.
- 2) I have read, understood and agree to abide by the principles and expectations of the service provider as contained in:
  - Safety and Health Statement
  - Environment Statement

Name \_\_\_\_\_

Signature \_\_\_\_\_

Company \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_

Please complete the details on this form, sign and return together with Insurance Schedule and Certificates of Currency (if applicable) to ensure that we are able to continue to place orders with your company as and when required.

## Document checklist

- Supplier Request Form
- Notification on company letterhead of Electronic Funds Transfer (EFT) information as requested on the Supplier Request Form
- Completed and signed Insurance Schedule or copy of "Certificates of Currency"
- Signed Supplier Acceptance Form

Please return these forms in person to an authorised Synergy employee or by mailing to:

\_\_\_\_\_ (Place the name of your Synergy contact here)

Synergy

GPO Box K851

Perth WA 6842

Return of this information will ensure that Synergy is able to place purchase orders with your company as and when required.

