



### Sponsorship of a Third Party

Dear

I am pleased to confirm that Servier Laboratories (Aust.) Pty Ltd (ABN 54 004 838 500) (Servier) is able to provide financial sponsorship for:

<b>Recipient</b>	
<b>Sponsorship details</b>	Patient Central Award 2022
<b>Date</b>	
<b>Sponsorship</b>	AUD 15,000.00 (Australian dollar fifteen thousand only) ex GST

The Sponsorship will be provided to the Award Recipient on the basis of the Terms and Conditions of the Patient Central Hub (the Hub which can be found at <https://www.patientcentralhub.com.au/terms-conditions>) in the acknowledgement that:

- it is to support the expansion of the submitted Project, or, on a new project that was stated at the time of Project entry
- the Sponsorship will only be spent on the Sponsorship approved in this letter and not paid directly to any individual healthcare professional
- the Sponsorship does not involve any obligations by the Award Recipient to recommend, prescribe, dispense and administer Servier product(s).
- the Sponsorship is not used for activities or purposes that are prohibited by law, industry codes or Servier policy or to fund routine business expenses of the Award Recipient.
- the Sponsorship does not compromise or appear to compromise the independence of the Award Recipient or purpose of the Sponsorship set out in this letter, which is being funded.
- Servier may request the return of all or some of the Sponsorship paid if Servier determines, in its absolute discretion, that the terms of this Agreement have not been followed.

Please confirm your acceptance of the Sponsorship terms by signing, dating and returning a copy of this letter.

To facilitate payment, could you please forward a Valid Tax Invoice with the below Purchase Order No. to [accounts.au@servier.com](mailto:accounts.au@servier.com). Alternatively if the Recipient doesn't have an ABN, or isn't registered for GST, please complete the attached forms.

Purchase Order No:

If you have any queries please do not hesitate to contact me.

Kind regards,

I certify that I am authorised to act on behalf of the Award Recipient. I have read, understand and agree to the contents of the letter.

Signed for and on behalf of the Recipient by:

Name: .....

Position: .....

Date: .....

Signature: .....

## PRIVACY STATEMENT

Servier Laboratories (Aust.) Pty Ltd is bound by the Privacy Act 1988 (Cth). We collect and use your personal (including sensitive) information to carry out our business including for the purposes of sales and marketing, providing starter packs, providing information and promotional material about our products and services or those of third parties which may be of interest to you, planning educational events and performing other business activities. If you do not wish to receive marketing information please contact our Privacy Officer by phone: 03 8823 7333, in writing: P.O. Box 196, Hawthorn VIC 3122 or by email: [privacy.au@servier.com](mailto:privacy.au@servier.com). Your personal information may be disclosed to third parties such as mailing houses, conference organisers, our related entities including Servier Head Office in France or our data verification providers who may disclose your personal information to their clients. **Where we make a payment to you or a third party for your services or for you to engage in an activity or event, the Medicines Australia Code of Conduct requires us to publicly disclose this payment (including your name, profession, business address, amount paid, description of services or activity and air travel, accommodation and registration costs), on our website for three years. You will have the opportunity to check this information before it is published.** If you do not wish to provide us with your personal information, we may not be able to provide you with our services or make any payments to you for services. Please refer to our full privacy policy at [www.servier.com.au/privacy-policy/](http://www.servier.com.au/privacy-policy/) for further details (which details our transparency obligations, how you may request access to or correct your personal information or submit a privacy complaint).

**1. ABN – Please mark and action one of the following:**

- I hold an ABN as a supplier. Please find attached a valid tax invoice; or
  
- I am acting in my capacity as an employee. Please find attached a valid tax invoice in the name and ABN of my employer; or
  
- I do not have an ABN and therefore have completed the enclosed 'Statement by Supplier'. If I do not provide an ABN or complete a Statement by Supplier, I acknowledge that Servier is required to withhold 48.5% of the payment to me and remit this to the Australian Taxation Office.

**2. GST REGISTRATION – Please mark and action one of the following:**

- I am registered for GST and have supplied a valid Tax Invoice. I acknowledge that when charging GST, the responsibility is mine in ensuring the validity of the Tax Invoice issued; or
  
- I am not registered for GST

Date:

**NEW VENDOR FORM**

Vendor Name: .....

Trading Name: .....

ABN/ACN: .....

Name: .....

Address: .....

Contact Details: .....

**Bank EFT Details**

Account Name: .....

BSB: ..... Account Number: .....

EFT E - mail: .....

This form must be approved by the following Staff:

<b><u>Initiator</u></b>  <b>Signature:</b> <b>Name:</b> <b>Date:</b>	<b><u>Department Director</u></b>  <b>Signature:</b> <b>Name:</b> <b>Date:</b>
<b><u>Finance Officer</u></b>  <b>Signature:</b> <b>Name:</b> <b>Date:</b>	<b><u>Finance Director</u></b>  <b>Signature:</b> <b>Name:</b> <b>Date:</b>

Once approval has been obtained by all, Finance will then add the new vendor to the AP system.

# TAX INVOICE

*Insert Name:* \_\_\_\_\_

*Insert ABN:* \_\_\_\_\_

*Insert Address:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Insert Date:* \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**EFT Details:**

**Account Name:** \_\_\_\_\_

**BSB:** \_\_\_\_\_

**Account No:** \_\_\_\_\_

**Email Address for Remittance Advice:** \_\_\_\_\_

**To: Servier Laboratories (Aust) Pty Ltd  
PO Box 196  
Hawthorn VIC 3122**

*Insert Description of Supply:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total – GST exclusive:** \$ \_\_\_\_\_

**GST (10% of GST exclusive amount):** \$ \_\_\_\_\_

**Total Incl GST:** \$ \_\_\_\_\_

**Signature:** \_\_\_\_\_



Statement by a supplier

Complete this statement if the following applies:

- you are an individual or a business
you have supplied goods or services to another enterprise (the payer), and
you are not required to quote an Australia business number (ABN).

HOW TO COMPLETE THE STATEMENT

- Print clearly in BLOCK LETTERS using a black pen only.
Use BLOCK LETTERS and print one character in each box.
Place X in all applicable boxes.

Payers can check ABN records of suppliers by visiting abr.business.gov.au or phoning 13 72 26 24 hours a day, 7 days a week.

Section A: Supplier details

Your name

Grid for entering name details

Your address

Grid for entering address details

Suburb/town

State/territory

Postcode

Grid for entering suburb, state, and postcode

Reason/s for not quoting an ABN Place X in the appropriate box/es.

- The payer is not making the payment in the course of carrying on an enterprise in Australia.
The supplier is an individual aged under 18 years and the payment does not exceed \$350 a week.
The payment does not exceed \$75, excluding any goods and services tax (GST).
The supply that the payment relates to is wholly input taxed.
The supply is made by an individual or partnership without a reasonable expectation of profit or gain.
The supplier is not entitled to an ABN as they are not carrying on an enterprise in Australia.
The whole of the payment is exempt income for the supplier.

The supplier is an individual and has given the payer a written statement to the effect that the supply is either:
made in the course or furtherance of an activity done as a private recreational pursuit or hobby, or
wholly of a private or domestic nature (from the supplier's perspective).

Section B: Declaration

For information about your privacy, visit our website at ato.gov.au/privacy

Under pay as you go (PAYG) legislation and guidelines administered by us, the named supplier is not quoting an ABN for the current and future supply of goods or services for the reason or reasons indicated.

Name of supplier (or authorised person)

Grid for entering name of supplier

Signature of supplier (or authorised person)

Large box for signature

Daytime phone number

Grid for entering phone number

Date

Grid for entering date (Day / Month / Year)

Penalties apply for deliberately making a false or misleading statement.

Do not send this statement to us. Give the completed statement to any payer that you are supplying goods or services to. The payer must keep this document with other records relating to the supply for five years.