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**\*\*\*\*FIRST: SAVE THIS DOCUMENT ON YOUR DESKTOP AND THEN OPEN IN WORD\*\*\*\***

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> New Vendor         | <input type="checkbox"/> Inactivate Vendor  | <input type="checkbox"/> Reactivate Vendor |
| <input type="checkbox"/> New Site           | <input type="checkbox"/> Inactivate Site    | <input type="checkbox"/> Reactivate Site   |
| <input type="checkbox"/> Vendor Name Change | <input type="checkbox"/> Update Middle Name | <input type="checkbox"/> Update S.I.N.     |
| <input type="checkbox"/> Employee Type      | <input type="checkbox"/> General Supplier   | <input type="checkbox"/> Change of Address |

Vendor Number	Location	S.I.N. (no spaces)
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Vendor Name
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Address
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City/Town	Province	Country	Postal Code (no spaces)
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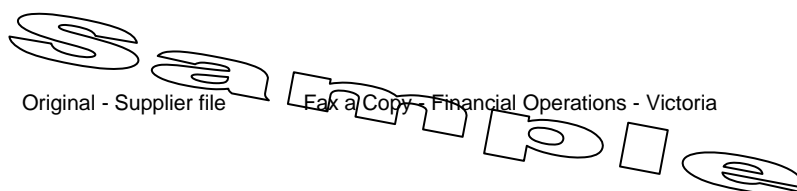
Previous Address (if applicable)
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City/Town	Province	Country	Postal Code (no spaces)
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Comments
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Requested by	Telephone	Date (YYYY MM DD)
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**NOTE:** When sending the request or update via e-mail ([FASBVEND@gov.bc.ca](mailto:FASBVEND@gov.bc.ca)) formerly *HSD FASB Vendors HSD*, **please put the vendor's name in the subject line** and only send the document as an attachment. Do NOT send via "Send to Recipient".


  
 Original - Supplier file      Fax a Copy - Financial Operations - Victoria