

### **Dear Supplier**

Please complete section one of this form and return it to the originator via email along with the following valid evidence:

Public, Professional & Employers Liability Insurance Company letterhead (to include Company Bank details)

### **SECTION ONE**

Company Details:	
Company Name:	
Address:	
Post Code:	
Phone Number:	
Purchase Order Email Address:	
Remittance Email Address:	
Company /Charity Registration Number:	
VAT Registration Number:	
DBS:	PLEASE ATTACH EVIDENCE
Self Employed Please confirm you are responsible	
for your tax returns and NI	
contributions?	
UTR:	
Bank Account Details	
Bank Name:	
Payee Name:	
Bank Sort Code:	
Bank Account Number:	
Insurance Details	PLEASE ATTACH EVIDENCE
Public Liability limit:	f
Employers Liability limit:	f
Professional Indemnity limit:	f
Declaration	
Form Completed By:	
Position in Company:	
Date:	

PLEASE NOTE: GOODS AND SERVICES ARE ONLY TO BE SUPPLIED ON RECEIPT OF A PURCHASE ORDER NUMBER



# **Faculty/Department to Complete**

**SECTION TWO – please answer ALL questions** 

Name of Staff requesting New Supplier:	
Description of Goods/Service to be purchased:	
Value of first purchase:	£
Estimated Annual Spend:	£
Est. Annual Number of Transactions:	
Value for Money Have 3 quotes/tenders been received in accordance with the financial regulations? If yes please attach: If no please provide reason:	
Has evidence of DBS status been provided? Is required Insurance evidence received and attached? Is Company Letterhead attached quoting Bank details?	
Has the supplier confirmed they are responsible for their tax and NI contributions?	

# On completion of sections 1 & 2 please set up the New Supplier on Finance Business World DEPARTMENT USE ONLY FOR BUSINESS WORLD

## DEPARTMENT USE UNLT FUR BUSINESS WURLD

### **SECTION THREE**

Check the Supplier does not already exist	Yes	No	N/A
Have all the Questions been answered & Required evidence been provided?	Yes	No	N/A
Related Party Searches (ensure no connection between Exec or Corporation members and the supplier)	Yes	No	N/A
STAFFING – names, roles & qualifications as appropriate to the contract	Yes	No	N/A
Details of Quality Assurance Certificate	Yes	No	N/A
Financial Statements for the last 3 years	Yes	No	N/A
Credit Check Performed	Yes	No	N/A