**New Supplier Information Form**

**To be completed by Supplier:**

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| **Company Information**  |
| Company Name |  |
| AddressPost Code |  |
| Company Registration Number |  |
| Description of Business |  |
| Contact Name |  |
| Telephone Number |  |
| Email |  |
| Contact Name (Accounts) |  |
| Telephone (Accounts) |  |
| Email (Accounts) |  |
| Related Party details, if applicable\* | \*A [party](http://www.investorwords.com/3610/party.html) (individual or group) who is related in some way to Satellite Applications Catapult e.g. a family member or relative, friend, prior business supplier, or a related [corporation](http://www.investorwords.com/1140/corporation.html). |
| Related Contract details, if applicable\* | \*Are there any contracts (or agreements) between **this supplier, its directors, its employees** and the **Satellite Applications Catapult**? If so, please provide the details.Your answer should also consider if any instrument is in place that may seek to restrict or prevent an engagement between the Satellite Applications Catapult and this supplier, its directors, its employees. If this is the case please provide the details. |
| **Finance Information**  |
| VAT Registration Number |   |
| Account Name |   |
| Account Number |   |
| Sort Code |   |
| Bank Name |  |
| Bank Address |  |
| SWIFT Code |  |
| IBAN Number |  |
| **Insurance:** Please provide details of your organisation’s current insurances. |
|  | **Employer’s Liability Insurance** | **Public Liability Insurance** | **Product Liability Insurance** | **Professional Indemnity Insurance** | **Contractor’s All Risk Insurance** |
| Extent of Cover (£) |  |   |  |  |  |
| Insurer |  |   |  |  |  |
| Policy Number / Expiry Date |  |   |  |  |  |
| **Governance** |
| Does your organisation have a Business Continuity or Disaster Recovery plan? |  |
| Does your organisation hold a recognised quality management certificate, for example ISO 9001 or equivalent? |  |
| Does your organisation hold a recognised health and safety management systems certificate, for example OHSAS 18001 or equivalent? |  |
| Does your organisation hold a recognised environmental management systems certificate, for example ISO 14001 or equivalent? |  |
| Does your organisation hold a recognised security certification / accreditation, for example Cyber Essentials, ISO 27001 or equivalent? |  |

I confirm that all the information I have given on this form is correct and that I accept the terms of business as shown at <https://sa.catapult.org.uk/terms-conditions/purchase-order-terms-conditions/>

I further confirm that I am duly authorised to sign this application.

Signed: ……………………………………………………………………. Dated: ……………………………………………………………….

Print Name: ……………………………………………………………. Appointment: ……………………………………………………

**To be completed by Satellite Applications Catapult**

Details of SA Catapult representative submitting form;

Print Name: ……………………………………………………………. Dated: …………………………………….…………………………

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| **Finance Checks** *(to be completed by Finance Dept.)* |
| Companies House check | *Comments* |
| **Security Checks** *(to be completed by Security)* |
| Open Source check | *Comments* |
| Security Inspection of supplier premises (if applicable) | *Comments* |