

SUB CONTRACTOR/SUPPLIER QUESTIONNAIRE

| Section 1 – Subcontractor Details | | | | |
|-----------------------------------|---|-------------------------------|-----------------------|-------------|
| 1.1 | Name of Company | Conor Murphy | | |
| 1.2 | Address | No23 Rosslynn Crescent Harrow | | |
| | | Postcode | HA1 2SA | |
| 1.3 | Telephone No. | | Mobile No. | 07403506811 |
| 1.4 | Email Address | Conormurphy89@gmail.com | | |
| 1.5 | Description of activities carried out | Electrical works | | |
| 1.6 | Company Registration No | N/A | Date of Incorporation | N/A |
| 1.7 | VAT Number | N/A | UTR Number | 6998895370 |
| 1.8 | Current Annual Turnover | N/A | Number of Employees | N/A |
| 1.9 | Do you sub-let any work? | NO | | |
| | If YES, please supply details | | | |
| 1.10 | Do you operate nationally or regionally? | Regionally | | |
| 1.11 | Registered Office (if different from above) | | | |

| Section 2 – Directors & Partners | | | |
|----------------------------------|------|----------|--------------|
| 2.1 | Name | Position | Phone Number |
| | N/A | | |
| | | | |
| | | | |

| Section 3 – Bank Details | | | | |
|--------------------------|--------------|---|------------|-----------|
| 3.1 | Payee Name | Bank Name & Address | Account No | Sort Code |
| | Conor Murphy | Nationwide Building Society 325 Station Road Harrow HA1 2AA | 39947695 | 07-02-46 |

| Section 4 – Insurance | | | | |
|-----------------------|------------------------|----------------|----------------------|--------------|
| | | Limit of Cover | Copy Attached (tick) | No Insurance |
| 4.1 | Employers' Liability | £ | | N/A |
| 4.2 | Product Liability | £ | | N/A |
| 4.3 | Public Liability | £ | | N/A |
| 4.4 | Contractors All Risk | £ | | N/A |
| 4.5 | Professional Indemnity | £ | | N/A |

| Section 5 – Health & Safety | | | |
|-----------------------------|---|----------------------|-------------------|
| 5.1 | Who is responsible for safety within your company | Name Conor Murphy | Position Owner |
| 5.2 | Who provides Health & Safety advice | Name N/A | Position N/A |
| 5.3 | Have you had any accidents in the past 3 years (include copies of formal notices & legal proceedings) | None | |

| Section 6 – References (Customers) | | | | |
|------------------------------------|-----------------|---|-----------|-------------|
| 6.1 | Name of Company | DFM Electrical | | |
| | Address | 14 Holtsmere close Watford LONDON | | |
| | | | Postcode | Wd25 9NG |
| | Contact Name | Damien Mulchrone | Telephone | 07961249852 |
| 6.2 | Name of Company | | | |
| | Address | | | |
| | | | Postcode | |
| | Contact Name | | Telephone | |

| Section 7 – Declaration | | | |
|---|---------------|-----------|----------|
| To my knowledge all the information given on this questionnaire is complete and accurate: | | | |
| Contact Name | Conor Murphy | Date | 20/12/17 |
| Position | Self Employed | Signature | |