**SUB CONTRACTOR/SUPPLIER QUESTIONNAIRE**

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| **Section 1 – Subcontractor Details** | | | | |
| 1.1 | Name of Company | Brian Mulchrone | | |
| 1.2 | Address | 6 Dagwood Court, Lockhart Road ,Watford Hertfordshire | | |
|  | | Postcode | WD259NG |
| 1.3 | Telephone No. | n/a | Mobile No. | 07479774273 |
| 1.4 | Email Address | brianmulchrone@yahoo.com | | |
| 1.5 | Description of activities carried out | Installation of Cabinets, Signs Posts, Termination , Testing | | |
| 1.6 | Company Registration No | n/a | Date of Incorporation | n/a |
| 1.7 | VAT Number | n/a | UTR Number | 2419262705 |
| 1.8 | Current Annual Turnover | 30,000 | Number of Employees | 0 |
| 1.9 | Do you sub-let any work? | NO | | |
| If YES, please supply details |  | | |
| 1.10 | Do you operate nationally or regionally? | Nationally | | |
| 1.11 | Registered Office (if different from above) |  | | |

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| **Section 2 – Directors & Partners** | | | |
| 2.1 | Name | Position | Phone Number |
| n/a |  |  |
| n/a |  |  |
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| **Section 3 – Bank Details** | | | | |
| 3.1 | Payee Name | Bank Name & Address | Account No | Sort Code |
| Brian Mulchrone | Barclays Bank, Watford | 13680479 | 20-35-84 |

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

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| **Section 5 – Health & Safety** | | | |
| 5.1 | Who is responsible for safety within your company | Name  Brian Mulchrone | Position |
| 5.2 | Who provides Health & Safety advice | Name  n/a | Position |
| 5.3 | Have you had any accidents in the past 3 years (include copies of formal notices & legal proceedings) | No | |

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| **Section 6 – References (Customers)** | | | | |
| 6.1 | Name of Company |  | | |
| Address |  | | |
|  | | Postcode |  | |
| Contact Name |  | Telephone |  | |
| 6.2 | Name of Company |  | | | |
| Address |  | | | |
|  | | Postcode |  | |
| Contact Name |  | Telephone |  | |

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| **Section 7 – Declaration** | | | |
| To my knowledge all the information given on this questionnaire is complete and accurate: | | | |
| Contact Name | Brian Mulchrone | Date | 19/12/17 |
| Position | Self Employed | Signature |  |