**SUPPLIER REGISTRATION FORM**

The following section asks for general details about your organisation and its products and services. Please complete each section as fully as possible and attach any additional material you consider relevant. All information will be treated by NA’s staff as given in strict confidence.

Placement on the NA\s list of approved suppliers means that while your organisation will be considered as a possible supplier of the products or services you offer, it does not imply that you will be asked to quote or tender on every occasion.

|  |
| --- |
| **Date:** |
| **A: GENERAL INFORMATION** |
| A1 Legal name of organisation: |
|  |
| A2 Registered address: |
|  |
| A3 Contact person: |
|  |
| A4 Telephone: |
|  |
| A5 Email: |
|  |
| A6 Legal status e.g. LLC, Free zone etc.: |
|  |
| A7 Year organisation established: |
|  |
| A8 Please provide a copy of your industrial and/or trade license: |
|  |
| **B: FINANCE** |
| B1 Provide your full banking details for payment including : |
| Bank: |
| Address: |
| Sort Code: |
| Account: |
| IBAN: |
|  |
| B2 Payment terms: As per National Ambulance Purchase Order Terms and Conditions: |
|  |
| B3 Preferred currency (based on registered address): |
|  |
| **C: PRODUCTS AND SERVICES** |
| C1 List the main products/services that you provide: |
|  |
| C2 State whether your company is an authorized distributor, wholesaler, manufacturer, trading company or authorized agent of the products or services we are purchasing: |
|  |
| C3 Provide a copy of your official agency or distribution licence: |
|  |
| C4 Confirm and provide your license to perform warranty or maintenance services in relation to the products/ services NA is purchasing (Please give details.): |
|  |
| **D: QUALITY (ISO 9000), HEALTH AND SAFETY (ISO45001/ OHSAS 18001), ENVIRONMENTAL (ISO14001)** |
| D1 Confirm your organization has ISO 9000 or an equivalent Quality Assurance Certification: |
|  |
| D2 Provide a copy of your certification: |
|  |
| D3 Please confirm if you hold the necessary licence to provide the products or services NA are purchasing (e.g. hazardous licence): |
|  |
| D4 Provide a copy of your certification: |
|  |
| D5 Provide a copy of your company indemnity insurance related to the products and services NA are purchasing: |
|  |
| D6 Confirm your organization has ISO 18001 / 45001 or an equivalent Health and Safety Policy. Provide a copy of your certificate: |
|  |
| D7 Confirm your organization has ISO 14001 or an equivalent Environmental Policy. Provide a copy of your certificate: |
|  |
| **E: OTHER INFORMATION** (Please provide any additional relevant information.) |
|  |

**Note:** if non applicable, please mention NA.

**DECLARATION**

I/we declare that the replies given to the questions in this Supplier Registration Form are to the best of my/our knowledge true and accurate as at the date of signature.

Name:

Position:

Date:

Signature and Stamp:

NA Official Approval

Internal Justification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supply Chain & Facilities Director / Stamp