



External Supplier Information Request Form

The University would like to set your business up as a new supplier on its Financial Systems. Therefore, please could we ask that you complete all fields in the table below, giving as much information as possible. Failure to give the necessary information may delay the setting up of your account, and henceforth, the order with your business.

Section A – to be completed by Supplier

Supplier Name	Cefas Technology Limited
Registered business name (If different)	
VAT number	GB 800 2261 92
Business structure	<input type="checkbox"/> Sole Trader <input type="checkbox"/> Self Employed <input checked="" type="checkbox"/> Limited Company <input type="checkbox"/> LLP (Limited Liability Partnership) <input type="checkbox"/> LP (Limited Partnership) <input type="checkbox"/> Other Partnership <input type="checkbox"/> Other
Is your company classed as an SME as defined by the EU's definition [EU recommendation 2003/361]?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Supplier contact name	Chris Challiss
Supplier email address – orders	info@cefastechnology.co.uk
Supplier email address – remittances	ctladmin@cefas.co.uk
Supplier telephone number	01502 524443
Supplier fax number	
Invoicing address:	
Street address	Cefas Laboratory
Address line 2	Pakefield Road
City	Lowestoft
State/Province/Region	Suffolk
Postal/zip code	NR33 0HT
Country	United Kingdom
Order address (if different from above):	
Street address	
Address line 2	
City	

State/Province/Region	
Postal/zip code	
Country	
Payment method (BACS preferred):	<u>The University's standard payment terms are 30 days</u>
Payee Name	Cefas Technology Limited
SWIFT / BIC Number	BUKBGB22
IBAN Number	GB27BUKB20530640802239
Sort Code/ABA No./Routing No./BSB No.	20-53-06
Account Number	40802239
Bank Name	Barclays Bank PLC
Bank Address	61 London Road North Lowestoft Suffolk NR32 1LT

Completed by:___Carolyn Fisk_____

Signature:_____

Date:_____12/06/2020_____

To be completed by College / Service upon return from supplier

Please provide a full description of goods/services that are required	
Total predicted spend with supplier over 12 months	
Method of Supplier Selection	<input type="checkbox"/> Spot purchase (Total orders less than £1000) <input type="checkbox"/> 3 verbal quotations (Total orders £1000 - £5000) <input type="checkbox"/> 3 written quotations (Total orders £5000 - £25000) <input type="checkbox"/> University Tender (please provide details below) <input type="checkbox"/> OJEU Tender (please provide details below) <input type="checkbox"/> Single Source (please complete authority form) <input type="checkbox"/> External Framework (please provide details below)
Already invoiced?	<input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, please provide an explanation as to why an PO was not raised <i>prior</i> to the goods/services being ordered)
Conflict of Interest?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Do you have any direct, or indirect, professional and, or personal relationship with the supplier?	(If Yes, please identify the individuals by name, nature of the relationship?)
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Submitted by: _____

Date: _____