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| Transport Services Team, Council Offices,  Market Street, Newbury, Berkshire. RG14 5LD | | **New Supplier Request Form** |
| Date of Request: | **01 December 2023** |

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| **Supplier’s Details** |  | | | | | | | | | |
| **Contact Name** |  | | **Position** | | | |  | | | |
| **Name of Company** |  | | | | | | | | | |
| **Address** |  | | | | | | | | | |
|  |  | | | | | | | | | |
| **Post Code** |  | | | | | | | | | |
| **Telephone No.** |  | | **Fax No.** | | | |  | | | |
| **E-Mail Address** |  | | | | | | | | | |
| **VAT No.** |  | | | | | | | | | |
| **VAT Exempt?** | Will the service you provide to the Council be exempt from VAT? | | | YES | | | | | | NO |
| **Part of CIS?** | If yes, please provide UTR number. | | | YES  - - - - - - - - - - | | | | | | NO |
| **No. of Employees** | More than 50 | Less than 50 | | | Less than 6 | | | | *(If completing electronically, double-click the appropriate box and click “Checked”)* | |
|  |  | | | | | | | | | |
| **Bank Details** |  | | | | | | | | | |
| **Account Name** | **PLEASE SUPPLY THESE DETAILS ON YOUR HEADED PAPER** | | | | | | | | | |
| **Account No.** | **AS ABOVE** | | | | | **Sort Code** | | **AS ABOVE** | | |
| **Payment Terms** | 30 days from the date of each 4-weekly payment period end date | | | | | | | | | |
| *Note: West Berkshire Council’s Standard Payment Terms of 30 days from the date of each 4-weekly payment period will apply unless otherwise agreed in writing with the Head of Service* | | | | | | | | | | |
| **Payment Method** | BACS | | | | | | | | | |
| *Note: West Berkshire Council’s preferred payment method is by Bank Transfer* | | | | | | | | | | |
| **Nature of Goods or Services supplied** |  | | | | | | | | | |
| **Insurance** | **Please enclose evidence of Employers and Public Liability Insurance** (minimum £5m). Other insurances may also be required as directed in the Contract Terms & Conditions. | | | | | | | | | |
| **Contracts** | **Have you received a copy of the Standard Contract Terms and Conditions and a Specification relating to the services you intend providing**?  Yes  No  *(For electronic completion, Double-Click the appropriate box and click “Checked”)* | | | | | | | | | |
| **Please Note: The completion of this form does not constitute an agreement by the Council to purchase the services described above.**  **Please return this form to the Transport Services Team either by post to:**  Transport Services Team, Council Offices, Market Street, Newbury, Berkshire. RG14 5LD  Telephone 01635 551111  **Or by e-mail to:** [transport@westberks.gov.uk](mailto:transport@westberks.gov.uk) | | | | | | | | | | |