

**THE POLICE AND CRIME COMMISSIONER FOR CUMBRIA   
SUPPLIER DETAILS FORM**

The form must be completed electronically using block capitals.

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| **ORGANISATION DETAILS** | |
| Supplier Name |  |
| Parent Company (if applicable) |  |
| Company Registration No |  |
| VAT Registration No (If exempt please state why) |  |
| Police and Crime Commissioner Customer Account No |  |

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| **ADDRESS FOR PURCHASE ORDERS** | |
| Supplier Postal Address |  |
| City |  |
| County |  |
| Postcode |  |
| Country |  |
| Addressee |  |
| Telephone No |  |
| Email Address  *(mandatory)* |  |

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| **ADDRESS FOR REMITTANCE ADVICE** | |
| Address |  |
| City |  |
| County |  |
| Postcode |  |
| Country |  |
| Addressee |  |
| Telephone No |  |
| Email Address  *(mandatory)* |  |

***No email address will result in no payment remittances being issued.***

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| **KEY ACCOUNT CONTACT** | | | |
| First Name |  | Last Name |  |
| Telephone No |  | Mobile |  |
| Email Address |  | | |

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| **BUSINESS CLASSIFICATION** | | |
| **Description** | **Criteria** | **Y / N** |
| Are you a Small – Medium Enterprise (SME)? | Fewer than 250 persons employed |  |

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| **PLEASE STATE YOUR PAYMENT TERMS e.g. 30 days**  **Please note that unless specified otherwise payment terms are 30 days from invoice date** |
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| **BANKING DETAILS** | | | |
| Bank Name |  | | |
| Bank Branch Name & Address |  | | |
| Account Name |  | | |
| Sort Code |  | Account No |  |
| Building Society Roll No (if applicable) | |  | |

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| **INSURANCE COVER (please self-certify by confirming the amount)** | |
| Employer’s (Compulsory) Liability Insurance |  |
| Public Liability Insurance |  |
| Professional Indemnity Insurance |  |
| Product Liability Insurance |  |
| *\*It is a legal requirement that all companies hold Employer’s (Compulsory) Liability Insurance of £5 million as a minimum. Please note this requirement is not applicable to Sole Traders.* | |

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| **PLEASE DESCRIBE THE NATURE OF THE GOODS / SERVICES TO BE PROVIDED / SUPPLIED** |
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| **I CONFIRM THAT THE DETAILS THAT I HAVE SUPPLIED ARE CORRECT** | |
| Name *(please print)* |  |
| Position *(please print)* |  |
| Signature *(must be completed)*  *Please provide an electronic or wet signature. Where a wet signature is provided please scan the form to return via email.*  *Typed signatures will not be accepted.* |  |
| Date |  |

**Please check that your details are correct, sign the declaration and return this form via e-mail to: HQSTORES@cumbria.police.uk**

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| ***INTERNAL OFFICE USE ONLY***  ***(To be completed by the person requesting the supplier be approved)*** | |
| Name |  |
| Position |  |
| Department |  |