

Shared Services

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For Internal Use Only

Supplier Number

Details of Suppliers

Once this form is completed, please send to:

Company Code

Defra / Natural England

Self Bill Supplier? Yes No

Defra / APHA Contingency

Supplier? Yes No

Form to be completed by new suppliers or when supplier details require amendment

- Should you have any queries about the completion of this form, please contact:

Name telephone number

email address

- If completing by hand, please write clearly in **BLOCK LETTERS** and use **black ink**.
- Should you require extra space to reply to any of the questions, please attach an extra page.
- The information supplied will be held on computer and may be cross-checked against other records, to prevent duplication of data or fraud.

SECTION 1 – Business Name and Supplier Information

a) Supplier name (or business trading name)

b) Payee (if different from supplier name)

c) Supplier Type and Description - are you a supplier of goods or services, a creditor applying for a payment for some other reason (e.g. grant payments), or a Government Department / Agency?

Supplier	<input type="checkbox"/>	Local Vet Inspector (LVI)....	<input type="checkbox"/>	Other Government Dept	<input type="checkbox"/>
Public body	<input type="checkbox"/>	Committee Member	<input type="checkbox"/>	Defra Executive Agency	<input type="checkbox"/>
Farmer	<input type="checkbox"/>	Interview Attendee	<input type="checkbox"/>	Defra NDPB	<input type="checkbox"/>
Volunteer	<input type="checkbox"/>	Non-staff expense claim....	<input type="checkbox"/>	Grant Recipient	<input type="checkbox"/>
Other	<input type="checkbox"/>	Local Authority	<input type="checkbox"/>		

If you have selected 'Farmer' please supply your CPH number...

If you have selected 'Other' please provide a description.....

Supplier Description

Web Address

d) Please indicate whether your organisation is a small and medium enterprise. An enterprise is considered to be an SME if it employs fewer than 250 people and has an annual turnover not exceeding EUR 50 million and/or an annual balance sheet total not exceeding EUR 43 million

Yes No

e) Further Information

Are you a Third Sector organisation? Yes No

If 'Yes' which one or more of the following describes your organisation?

Charity Cooperative Social Enterprise Mutual Voluntary & Community Org.

Standard Industries Classification (SIC)

DUNS Number *

* Mandatory requirement for all 'Supplier Type' organisations

Suppliers: request your D&B DUNS number at: <http://www.dnb.co.uk/dandb-duns-number/request-a-duns-number>. In order to ensure we are able to respond to questions on social diversity, it would be helpful if you could please indicate whether either of the options below apply to your business:

Minority Owned Woman Owned

SECTION 2 – Taxation Details

a) Are you registered for VAT in the UK? Yes No

If 'Yes', please state your VAT Registration number.

b) If you are registered for any EU taxes, please state the Country, your full Tax Registration number with the country prefix.

Country

c) Are you registered for the Construction Industry Scheme (CIS) with HMRC?

..... Yes No

If 'Yes', please state

UTR (Unique Tax Reference)

Company Reg No.

National Insurance No.

SECTION 3 – Address and Contact Details

a) Address Details

City/Town

Postcode

County

If purchase orders need to be sent by post to an address different to that given above, please enter details here:

Address
Postcode:

b) Contact Details

Contact name

Telephone no. (inc. national dialling code)

Email address for purchase orders

(all POs will be sent as standard to this address)

Email address for remittances (if different from above)

SECTION 4 – Payment Details

In order to ensure payments are issued quickly and securely we require submission of your bank details:

Bank or Building Society name

Branch

Sort Code

Account Number

Name Of Account Holder

Building Society roll number

SECTION 5 – Authorisation

On behalf of the supplier:

Signature

Name

Position in
business

Tel. no.

Email

Date

On behalf of SSCL Customer Organisation:

Signature

Name

Grade (*EO or grade
equivalent or above*)

Tel. no.

Email

Date

Please provide justification from customer organisation for Supplier addition to system, including a short description of the product/service being purchased and/or contract number if following central procurement exercise (This is a mandatory requirement for CPoC validation to ensure that Procurement Policies are not being breached).

Please follow these instructions to submit this form electronically;

1. Save a copy of the completed form as a pdf file.
2. Email this to the person who sent you the form. You should find their contact details in the first section of this form.

Guidance for the A/AP 201 form - Details of Suppliers

Please note that the AP201 form must be used for creation of new suppliers and amendments to existing suppliers

Details of Suppliers

This section of the form is for internal use only

- **Supplier Number** – provide the supplier number if the form is requesting an update to an existing record. For instructions on how to check if a supplier record already exists please refer to the 'How Do I' guidance. The system will generate a supplier number if the supplier does not already exist.
- **Return Address** – this must be the address of the originating office i.e. for the person/location sending out the form for completion.
- **Company Code** – select the company code for which the supplier record requires creation/ amendment.
- **Self Bill Supplier?** Applies to Defra and Natural England only – must be ticked if the supplier is to be set up for non vatable payments and a site set up as 'self bill'.
- **Contingency Supplier?** Applies to Defra /APHA only – tick to indicate if the supplier needs to be set up as a contingency supplier as they supply key goods and services during disease outbreaks or other emergencies.
- **Name, Telephone Number and Email Address** – this should be the name and contact details of the individual sending out the form for completion and to whom the form should be returned.

SECTION 1 – Business Name & Supplier Information

For completion by the supplier

- a) **Supplier Name** (or business trading name) – enter your supplier name (individual or business trading name). If your company uses an abbreviated form (e.g. ABC Ltd) please enter the full name.
- b) **Payee** – please complete if the payee name is different to the supplier name.
- c) **Supplier Type And Description** – please tick to indicate the appropriate classification. If none apply please tick 'Other' and provide further details. Please also provide a short description

of your organisation which will enable us to more clearly analyse who you are and, if you have one, your website address.

- d) **Small Business Status** – please indicate whether your business has less than 249 employees and less than £40 million annual turnover and should therefore be classified as a small business. If you are unsure please refer to the suggested defaults below:

Vendor type	Default Status
Non-Supplier (Farmer, Grant recipient, Interview attendee, Local Vet Inspector, Non-staff expenses, Volunteers)	Yes
Supplier	Yes
Committee Members	No
Defra Executive Agency	No
Defra NDPB	No
Local Authority	No
OGD	No
OPB – Other	No
Public Body	No

The status of Defra Agencies or NDPB's and Other Government Departments should always be 'No'. For Supplier/Non-Suppliers a status must always be given. If you believe your status is different to the default above please provide further details as to why.

This information allows us to meet government reporting requirements on arrangements with this business sector.

Defra business areas – for any further guidance please contact: Network.ProcurementVendors@defra.gsi.gov.uk

- e) **Further Information**

Third Sector Organisation – please indicate whether you are a Third Sector Organisation (established on a not-for-profit basis and not directly controlled by the state), and if so what type.

Standard Industries Classification (SIC) – this is a way of classifying industries by a four digit code. Please enter if you have an SIC number.

Further Information (continued)

DUNS Number – this is a nine digit reference which acts as a means of identifying business entities on a location-specific basis. Please enter if you have an DUNS number.

Minority/Woman Owned – whilst non-completion of this section will not delay your payment we would be grateful if you could indicate whether your business is classed as ‘Minority Owned’ and/or ‘Woman Owned’. This will help us to answer any questions received relating to social diversity.

SECTION 2 – Taxation Details

For completion by the supplier

- a) **UK tax** – please indicate if you are registered for tax in the UK and state your VAT registration number.
- b) **EU tax** – if you are registered for EU taxes please provide your registration number and the country.
- c) **Construction Industry Scheme (CIS)** – as advised by Her Majesty’s Revenue and Customs (HMRC) the CIS scheme sets out the rules for how payments to subcontractors for construction work must be handled by contractors in the construction industry.

Please indicate if you are registered for CIS and provide your Unique Tax Reference (UTR) and Company Registration numbers. If you are not a registered company please supply your National Insurance Number. This information will allow us to obtain a verification number from HMRC which is required for the set up of CIS suppliers on our system. If this information is not provided your tax status with HMRC may be jeopardised.

SECTION 3 - Address Details

For completion by the supplier

- a) **Address details** – please provide your full address details. If you do not have an e-mail address for purchase orders and require them to be sent to a different address please give details in the space provided.
- b) **Contact details** – please provide a contact name and telephone number. It is our policy to issue purchase orders and remittances electronically wherever possible, therefore please provide an email address(es) that can be used for this purpose. Please note we will use any email address provided as standard for both PO’s and remittances unless otherwise stated.

SECTION 4 - Payment Details

For completion by the supplier

Please note it is our policy to make payments electronically. To ensure payments are issued quickly and securely you must enter your bank details. Please provide:

- Bank or Building Society name
- Branch name/location
- Sort Code
- Account Number
- Name of Account Holder
- Building Society Roll Number (if applicable) *

* If you are providing details of a Building Society account you must provide an 8 digit account number as well as your roll number and sort code. If you are unsure of the 8 digit account number please contact your Building Society who will be able to confirm this for you.

SECTION 5 – Authorisation

For completion by the supplier and SSCL Customer Organisation

The form requires authorisation from both the supplier and the SSCL customer organisation.

Supplier - please complete the details on the left side of section 5. Once complete please return to your contact who provided the form. Their details should be found at the start of this form.

Customer Organisation - Please ensure the form has been fully completed. Once you are satisfied with the content of the form the details on the right side of section 5 should be completed with authorisation by the Central Point of Contact (CPoC) or a named approver depending on your own internal procedures. Details of CPoCs/ approvers can be found on the “How Do I” guidance pages.

Please note: electronically completed forms can be approved and submitted for processing by e-mail but must include the full e-mail trail showing the return of the completed form from the supplier.

Fully completed and correctly approved forms should be sent to the SSCL Data Management Team using the e-mail address at the top of page 1 of the form. The form will be returned if authorisation is incorrect or incomplete.