Supplier Request Form

# Purpose

Dstl operates a supplier registration scheme to ensure all supplier records are accurate and its purchasing Vendor Rating Systems are up-to-date.  **This form must be completed and returned electronically.**

Sections 1 and 2 are to be completed by the Supplier and in standard sentence case (not upper case). Section 3 is to be completed by the Demander and Section’s 4 and 5 are to be completed by the Commercial Services Buyer and then endorsed by the Commercial Services Manager respectively (if the requesting Buyer is not *already* a Commercial Services Manager), before finally sending on to the Vendor Management Team for consideration of addition to the procurement system (iCAS) via [form189vendors@dstl.gov.uk](mailto:form189vendors@dstl.gov.uk).

# Section 1: Company Details

## Registered Address:

|  |  |
| --- | --- |
| Company Name | Click here to enter text. |
| Address 1 | Click here to enter text. |
| Address 2 | Click here to enter text. |
| City | Click here to enter text. |
| County/State/Province | Click here to enter text. |
| Country | Click here to enter text. |
| Postal Code | Click here to enter text. |

## Registration and Certification Information:

|  |  |  |
| --- | --- | --- |
| Is the company registered with Dun & Bradstreet? | Choose an item. | D-U-N-S Number: Click here to enter text. |
| Is thecompany registered with Companies House? | Choose an item. | Companies House Registration No: Click here to enter text. |
| Is the company VAT registered? | Choose an item. | VAT Registration No: Click here to enter text. |
| Standard Industrial Classification | N/A | Primary/Relevant SIC Code: Click here to enter text. |
| Is the company a registered charity? | Choose an item. | Charity Registration No: Click here to enter text. |

## Ordering Details (if different from Registered Address):

|  |  |
| --- | --- |
| Company Name | Click here to enter text. |
| Address 1 | Click here to enter text. |
| Address 2 | Click here to enter text. |
| City | Click here to enter text. |
| County/State/Province | Click here to enter text. |
| Country | Click here to enter text. |
| Postal Code | Click here to enter text. |

## Remittance Details (if different from Ordering Address):

Please note that Dstl prefers to pay electronically and has a policy of **not** making payments to Factoring Agents

|  |  |
| --- | --- |
| Company Name | Click here to enter text. |
| Address 1 | Click here to enter text. |
| Address 2 | Click here to enter text. |
| City | Click here to enter text. |
| County/State/Province | Click here to enter text. |
| Country | Click here to enter text. |
| Postal Code | Click here to enter text. |
| Telephone Number | Click here to enter text. |

## Bank Details:

|  |  |
| --- | --- |
| Name of Bank | Click here to enter text. |
| Location of Branch | Click here to enter text. |

## For a Sterling Account with a UK Bank & UK Address:

|  |  |
| --- | --- |
| Bank Sort Code | Click here to enter text. |
| Bank Account Number | Click here to enter text. |

## For an Overseas Bank Account:

|  |  |
| --- | --- |
| Bank Account Number | Click here to enter text. |
| Bank Routing Number | Click here to enter text. |
| IBAN Code | Click here to enter text. |
| SWIFT Code | Click here to enter text. |

## Preferred Currency for Purchase Orders and Payments:

|  |  |
| --- | --- |
| Sterling | Choose an item. |
| US Dollars | Choose an item. |
| Euros | Choose an item. |
| Other (please specify) | Click here to enter text. |

## Contact Details:

|  |  |
| --- | --- |
| Commercial Telephone Number | Click here to enter text. |
| Commercial Fax Number | Click here to enter text. |
| Commercial email address | Click here to enter text. |
| Remittance Telephone Number | Click here to enter text. |
| Remittance email address | Click here to enter text. |
| Web address | Click here to enter text. |
| Switchboard Telephone Number | Click here to enter text. |

## Additional Information:

|  |  |
| --- | --- |
| Size of business (number of people) | Click here to enter text. |
| If the answer to the above is 1 please provide more detail | Click here to enter text. |
| Do you accept procurement cards? | Choose an item. |
| If ‘Yes’ which cards do you accept? | Visa  MasterCard  American Express  Diners Club  Other |
| If ‘Other’ please specify: | Click here to enter text. |
| Do you have e-Procurement capability? | Choose an item. |

# Please check the boxes below which best describe the work/supply that your company can undertake for Dstl:

| No. | Type of Work/Supply Undertaken | |  | No. | Type of Work/Supply Undertaken | |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Advertising (ADV) |  |  | 19 | Marine Services (MAR) |  |
| 2 | Aircraft Support, Services and Hire (AIR) |  |  | 20 | Marketing, Promotions and Conferencing (MKT) |  |
| 3 | Animal Products and Services (ANI) |  |  | 21 | Office Equipment (OFF) |  |
| 4 | Banking, Insurance, Legal and Patent Services (BAN) |  |  | 22 | Optical Supplies and Services (OPT) |  |
| 5 | Clothing (CLO) |  |  | 23 | Polymers and Plastics (MET) |  |
| 6 | Consultancy Services (CNS) |  |  | 24 | Public Relations (PR) |  |
| 7 | Electronic Supplies and Services (ELE) |  |  | 25 | Publications including DVD, Video and CDROM (PUB) |  |
| 8 | Engineering Supplies and Services (ENG) |  |  | 26 | Raw Materials (MET) |  |
| 9 | Entertainment (ENT) |  |  | 27 | Repair, Maintenance and Calibration (REP) |  |
| 10 | Estate Management Services (EST) |  |  | 28 | Reprographic Services and Rental (REN) |  |
| 11 | Explosives (EXP) |  |  | 29 | Research (RES) |  |
| 12 | Gas, Oil, Fuels and Lubricants (GAS) |  |  | 30 | Telecom Equip, Services and Rental (TEL) |  |
| 13 | Government Agency (GVT) |  |  | 31 | Tools Including Specialist Tools (TOO) |  |
| 14 | Health and Safety Products (HEA) |  |  | 32 | Transportation (TRN) |  |
| 15 | Hydraulic Supplies and Services (HYD) |  |  | 33 | Utilities (UT) |  |
| 16 | IT Hardware and Software (ITH) |  |  | 34 | Vehicle Sales, Services, Spares and Hire (VEH) |  |
| 17 | Laboratory Supplies and Services (LAB) |  |  | 35 | Other (Please describe below) (MISC) |  |
| 18 | Manpower (MAN) |  |  |  |  |  |

Description of ‘Other’ type of work/supply:

|  |
| --- |
| Click here to enter text. |

If you have chosen more than one work type above, please indicate which ‘No’ from 1 to 35 is your primary concern:

|  |
| --- |
| Click here to enter text. |

# Section 2: Company Certification and Quality Assurance Practices/Business Continuity details

1. In order to comply with Dstl’s quality expectations, have you and/or Senior Management   
   of the Organisation read and understood [Dstl’s Corporate Quality Policy](https://www.gov.uk/government/publications/dstl-quality-policy) (www.gov.uk/government/publications/dstl-quality-policy)? Choose an item.
2. In order to establish a level of assurance in the provision of products and/or services please provide details below of all current certifications/accreditations and/or AQAPs (e.g. ISO 9001, ISO 14001, TickITplus etc) together with the scope of each plus any product approvals you hold. Please attach a copy of each certification/accreditation and/or AQAP detailed below separately. If you do not hold any certifications/accreditations and/or AQAPs, please go to the next question.

|  |
| --- |
| Click here to enter text. |

1. If you do not currently hold any of the above certifications please provide the following information:

|  |  |
| --- | --- |
| Do you intend to seek certification to any Management System standards, accreditations and/or AQAPs within the next year | Choose an item. |
| Has your organisation funded this initiative? | Choose an item. |
| To what certifications/accreditations and/or AQAPs? | Click here to enter text. |
| Do you have documented practices which ensure a consistent approach to products/services being supplied to Dstl? | Choose an item. |
| Do you operate an Internal Quality Audit System? | Choose an item. |
| Do you operate a non-certificated Internal environmental Management System? | Choose an item. |
| Is your measuring equipment calibrated and traceable to national standards? | Choose an item. |

1. Additional information:

|  |  |
| --- | --- |
| Does your organisation have ISO 22301 certification for the goods and/or services you provide? | Choose an item. |
| If not do you have Internal Business Continuity Management (BCM) arrangements in place? | Choose an item. |
| Do you agree to provide copies of plans and other documents relevant to your BCM/Management System to Dstl on request? | Choose an item. |
| Do you agree to give Dstl permission to carry out audits of your organisation to verify the adequacy of BCM arrangements and/or ISO certifications/accreditations if requested to do so? | Choose an item. |

1. Regulatory Interventions:

Has your organisation been the subject of any regulatory interventions over the last three years by any of the following regulators; the Health and Safety Executive, the Environment Agency or your Local Authority Environmental Health Department? If so please provide a brief description below of any such interventions and confirmation that they were resolved to the satisfaction of the regulatory authority:

|  |
| --- |
| Click here to enter text. |

## Completed by:

|  |  |
| --- | --- |
| Name | Click here to enter text. |
| Department/Role | Click here to enter text. |
| Email address | Click here to enter text. |
| Date | Click here to enter a date. |

# Section 3: Demander Information (Internal Use Only)

This section **must** be completed before sending to the Commercial Services Buyer

1. **Brief description of purchase required from supplier:**

|  |
| --- |
| Click here to enter text. |

1. **Estimated value of this particular requirement:**

|  |
| --- |
| Click here to enter text. |

1. **Estimated value of expected requirements over the next 12 months (if any):**

|  |
| --- |
| Click here to enter text. |

1. **How often do you expect this supplier to be used in the next 12 months (across all areas/sites):**

|  |
| --- |
| Click here to enter text. |

1. **Please state why an existing iCAS vendor cannot be used:**

|  |
| --- |
| Click here to enter text. |

1. **If the supplier accepts payment by Visa please explain why we are unable to use an ePCS card:**

|  |
| --- |
| Click here to enter text. |

1. **If the answer to Question 4 above is less than 3 please state why Miscellaneous Payments cannot be used?:**

|  |
| --- |
| Click here to enter text. |

1. **If the requirement can be procured through the purchasing portals, please explain why we are not using this procurement route:**

|  |
| --- |
| Click here to enter text. |

# Completed by:

|  |  |
| --- | --- |
| Name | Click here to enter text. |
| Department/Role | Click here to enter text. |
| Email address | Click here to enter text. |
| Date | Click here to enter a date. |

# Section 4: Commercial Services Information (Internal Use Only)

## Commercial Services Buyer

This section **must** be completed before sending to the Commercial Services Manager (if said Manager is not the requesting the Commercial Services Buyer):

|  |  |
| --- | --- |
| Do you agree with the responses from the Demander Section? | Choose an item. |
| Have you considered all possible alternatives to adding a vendor to iCAS? | Choose an item. |

## Comments:

|  |
| --- |
| Click here to enter text. |

## Which of the following will the initial transaction required to be covered by?

|  |  |
| --- | --- |
| Standard Terms & Conditions | Choose an item. |
| DASA Contract | Choose an item. |
| CSMR Contract | Choose an item. |
| PhD Contract | Choose an item. |
| Vendor Agreement | Choose an item. |

## Comments:

|  |
| --- |
| Click here to enter text. |

## Do you accept or reject this request?

|  |
| --- |
| Choose an item. |

## If this request has been accepted please state the currency for future Purchase Orders:

|  |  |
| --- | --- |
| Currency | Choose an item. |
| If Other please state: | Click here to enter text. |

## Please confirm the agreed Payment Terms:

|  |  |
| --- | --- |
| Payment Term | Choose an item. |
| If Other please state: | Click here to enter text. |

## Transparency:

|  |  |
| --- | --- |
| Should the spend data for this supplier be exempt? | Choose an item. |

If Yes please provide a statement below to support your reasons:

|  |
| --- |
| Click here to enter text. |

## Have you assessed the Financial and Economic Standing of the supplier?

|  |
| --- |
| Choose an item. |

## Have you independently checked the Bank Details provided by the supplier with a contact other than the named individual who originally completed Section 1 and 2 of this form?

|  |
| --- |
| Click here to enter text. |

**By signing below you are confirming that you have answered ‘Yes’ for both Questions 1 and 2 above.**

**A OneStop Report or other suitable evidence of both good Financial and Economic Standing and the email correspondence regarding Question 2 must also be attached to this request.**

Note for Commercial Officers *–* if the supplier has answered ‘No’ to any of the questions in Section 2 above, please ensure the risk this presents has been considered and where a Contract File exists a measurement and mitigation of said risk is recorded appropriately within it.

Completed by:

|  |  |
| --- | --- |
| Name: | Click here to enter text. |
| Role/Area of Responsibility: | Click here to enter text. |
| Email address: | Click here to enter text. |
| Date: | Click here to enter a date. |

**Once completed, please forward this form and the OneSource Report/evidence of Good Financial and Economic Standing to the appropriate Commercial Services Manager.**

# Section 5: Commercial Services Endorsement (Internal Use Only)

**Commercial Services Manager** – This section **must** be completed before sending to Vendor Management Team:

|  |  |
| --- | --- |
| Do you agree with the request from the Commercial Services Buyer above? | Choose an item. |
| Has the Financial and Economic Standing of the supplier been assessed and evidence attached? | Choose an item. |
| Have the Bank Details been independently checked by the Commercial Services Buyer with someone other than the named individual who has originally completed Section 1 and 2 of this form and the email correspondence attached? | Choose an item. |

**By signing below and submitting this form to the VMT you are confirming that you have answered ‘Yes’ to Questions 1-2 above.**

**A OneSource Report or other suitable evidence of both good Financial and Economic Standing and the email correspondence regarding Question 3 must also be attached to this request.**

Completed by:

|  |  |
| --- | --- |
| Name: | Click here to enter text. |
| Role/Area of Responsibility: | Click here to enter text. |
| Email address: | Click here to enter text. |
| Date: | Click here to enter a date. |

**Vendor Management Team**

|  |  |
| --- | --- |
| Do you accept or reject this request to add a Vendor? | Choose an item. |

Comments:

|  |
| --- |
| Click here to enter text. |