**Supplier Information Document**

The Purpose of this document is to provide SCW with all information to complete the documentation and application process if you are successful. Your provision of the below information will speed up the process between the notification of your successful bid, and the completion of the contract and Purchase Order.

**Supplier Contract information:**

Please provide the following information that is required for the completion of the contract if you are successful with your bid.

|  |  |
| --- | --- |
| **Supplier information required** | **Supplier response** |
| Contract Manager – name and role |  |
| Names and addresses for notices: |  |
| Management levels for escalation and dispute resolution - Supplier representative: | 1. Contract Manager |
|  |  |
|  |  |
| Supplier Net Zero Corporate Champion |  |
| Supplier Net Zero and Social Value Contract Champion |  |

**Oracle Supplier Setup information:**

Please find below the tables that our accounts team require to be filled out for supplier details, this document must be transferred onto your **company headed** **document** and converted into a **PDF Format** for our accounts team to process. This format is required by NHS England as an Anti-Fraud measure to show that the information has come from the supplier themselves, and to provide an audit trail to show that the information hasn’t been amended by anyone since it was sent from the supplier.

Please also note that you may receive a call from NHS Shared Business Services (SBS) to confirm the details that you have submitted. This is another Anti-Fraud measure which has been installed to reduce fraudulent activity currently costing the NHS an estimated £1 billion annually.

**Please ensure the details provided within the table below, match the supplier details in the contract (if in place).**

|  |  |
| --- | --- |
| Supplier Name |  |
| Supplier Address (must include postcode) |  |
| Bank Name |  |
| Branch Name |  |
| Bank Sort Code |  |
| Bank Account Number |  |
| Bank Account Name (as it appears on the account) |  |
| VAT Registration No |  |
| Payment Terms | 30 days as per standard NHS T&Cs |
| Company Registration No |  |
| Contact Phone Number (1) Office |  |
| Contact Phone Number (2) Mobile |  |
| Remittance Fax number |  |
| Remittance Email Address |  |
| Purchase order email address |  |