# ORGANISATION INFORMATION

All Participants should answer these questions. If your company is not currently registered in the UK, you should still try to answer each question, substituting any appropriate professional, commercial or other registration within your domestic jurisdiction.

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| Full name of the potential supplier: |  | | |
| Registered office address (if applicable): |  | | |
| Registered website address (if applicable): |  | | |
| Trading status: | public limited company  limited company  limited liability partnership  other partnership | | sole trader  third sector  charity  voluntary organisation |
| Date of registration in country of origin: |  | | |
| Company registration number: |  | | |
| Charity registration number: |  | | |
| Head office DUNS number: |  | | |
| Registered VAT number: |  | | |
| If applicable, is your organisation registered with the appropriate professional or trade register(s) in the member state where it is established?  Yes  No  If you responded yes, please provide the relevant details, including the registration number(s): | | | |
| Is it a legal requirement in the state where you are established for you to possess a particular authorisation, or be a member of a particular organisation in order to provide the services specified in this procurement?  Yes  No  If you responded yes, please provide additional details of what is required and confirmation that you have complied with this: | | | |
| Trading name(s) that will be used if successful in this procurement: |  | | |
| Relevant classifications (state whether you fall within one of these, and if so which one): | Yes:  No | Voluntary Community Social Enterprise (VCSE)  Sheltered Workshop  Public service mutual | |
| Are you a Small, Medium or Micro Enterprise (SME)? | Yes  No | | |
| Please confirm an organisational structure chart is enclosed: | Yes  No | | |
| Are you a subsidiary to another company? | Yes  No | | |
| Details of immediate parent company (if applicable): | Full name of the immediate parent company:  Registered office address:  Registration number:  Head office DUNS number:  Head office VAT number:  Please enter N/A if not applicable: | | |
| Details of ultimate parent company (if applicable): | Full name of the ultimate parent company:  Registered office address:  Registration number:  Head office DUNS number:  Head office VAT number:  Please enter N/A if not applicable: | | |
| Brief history (not more than 200 words) of your organisation: | | | |
| Names & Responsibilities of Owners / Directors / Executive Directors / Partners / Trustees / Management Committee (as applicable) | | | |
| **Name** | **Responsibility** | | |
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| Does the Participant have any Information Assurance and Security certification, for example Cyber Essentials, Cyber essentials PLUS, ISO27000 series, or equivalent?  Yes  No  If yes, please give details below and include in your response a copy of your ISO 27001 certificate, detailing what your statement of applicability covers: | | | |
| Is your organisation registered with the Information Commissioners Office for the processing of personal information?  Yes  No  If yes, please provide your registration number. | | | |