

New Supplier Form – Lucy Properties

Name (company or individual)	
Address	
Post Code	
Telephone Number	
Fax Number	
E-mail Address	
Contact Name	
Nature of Business	
CIS Registration / UTR Number	
National Insurance Number (for non ltd or sole traders only)	
VAT Registration Number	
Company Registration Number	
Do you or any employee of your business have any connections to Lucy Group Ltd or any of its employee's. If yes, please provide details	
Bank Sort Code	
Bank Account Number (bank coordinates should be confirmed on the supplier's letter headed paper)	
Credit Terms	30 days following month of invoice
Public and Employers Liability Insurance Limit PLEASE PROVIDE COPY OF CERTIFICATE	
Do you have a company method statement and/or risk assessment procedure? IF YES PLEASE PROVIDE COPIES	Yes / No
Do you have a company health and safety policy in place? IF YES PLEASE PROVIDE COPIES	Yes / No
Do you have a contractor competence procedure IF YES PLEASE PROVIDE	Yes / No

Signature of Company Representative: _____

To be completed by Lucy Group Ltd

Signature of Lucy Property Management: _____ Date: _____

Supplier loaded into Manhattan and given Account Code: _____

Loaded By: _____ Date: _____