

# Shared Services Directorate

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Working in Partnership with Animal Health, Committee on Climate Change, Defra, Food Standards Agency, Marine Management Organisation, Meat Hygiene Service, Natural England, Sustainable Development Commission

For Internal Use Only

Supplier No.

## Details of Suppliers

Once this form is completed, please send to:

Company Code

Self Bill 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  and telephone number

- 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 & Address

- a. Supplier name (or business trading name)

Payee (if different from above)

Address

City/Town

Postcode

County

Web address

- b. Please enter details of the office in the accounts department to whom purchase orders and remittance advices should be sent and payment queries directed.

Name

Telephone no. (inc. national dialling code)

Email address for remittances

Email address for purchase orders  
(all POs will be sent as standard to this address)

- c. If purchase orders need to be sent by post to an address different to that given in 1a, please enter details here:

Address

City/Town

Postcode

County

## SECTION 2 – Taxation Details

a. Are you registered for VAT in the UK?

..... YES  NO

b. If 'YES', please state your VAT Registration number.

G B

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

d. Are you registered for CIS with HMRC?

..... YES  NO

e. If 'YES', please state

UTR (Unique Tax Reference)

Company Reg No.

National Insurance No.

## SECTION 3 – 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

Account Name

Building Society roll number

## SECTION 4 – Supplier Information

a) 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 with an account at the Paymaster General's Office?

Supplier .....

Other Government Dept..

Committee Member .....

Public body .....

Local Vet Inspector (LVI)

Local Authority .....

Farmer .....

If 'Farmer' supply CPH number

Other .....

If 'Other' Description

b) Please indicate whether your organisation is a small business (i.e. less than 249 employees)

Yes

No

## SECTION 4 – Supplier Information .. continued

c) Are you a Third Sector organisation?: Yes  No

If 'Yes' please indication type:

Charities  Cooperatives  Social Enterprises   
Mutuals  Voluntary & Community Orgs.

d) Standard Industries Classification (SIC)

DUNS Number

e) Supplier description

f) 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

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## SECTION 5 – Name of person authorising the form

On behalf of the supplier:

Signature

Name

Position in business

Tel. no.

Fax no.

On behalf of SSD Customer Organisation:

Signature

Name

Grade (*EO or grade equivalent or above*)

Tel. no.

Fax no.

# 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

- Return Address – this must be the address of the originating office i.e. the person sending out the form.
- Company Code – This must be completed to allow the Data Management team to create the supplier details for the correct organisation (i.e. Defra – 01, AH – 05, MMO – 06, NE – 08, SDC – 09, CCC – 10, 17 - FSA England, 18 - FSA Scotland, 19 - FSA Wales, 20 - FSA Northern Ireland, MHS – 21)
- Supplier No. –should be entered when updating existing supplier records. Please check the SSD ‘How Do I’s...?’ for instructions on how to check if a supplier record already exists.
- Self Bill supplier? - Must be ticked if the supplier site is to be set up for non vatable payments
- Contact Name & Number – This should be the contact details of the individual forwarding the AP 201 form to the supplier.

## SECTION 1 – Business Name & Address

For completion by the supplier

- Part a – Please ensure that the supplier name (individual or business trading name) and address details are provided. If your company uses an abbreviated form (e.g. ABC Ltd), please enter the full name.
- Part b – It is our policy to issue purchase orders and remittances by email therefore please provide an email address. If this is not possible, please provide a fax number. You must provide a contact telephone number in

case clarification of any details provided is required.

- Part c – If we are unable to issue purchase orders electronically, and you require orders to be sent to a different address, please enter the details here and provide an explanation (for security reasons).

## SECTION 2 – Taxation Details

For completion by the supplier

- Part a & b – Please indicate whether you are registered for tax in the UK and state your VAT registration number.
- Part c – Please enter your Tax registration number if you are registered for EU taxes.
- Part d – Please indicate whether you are registered with HM Revenue & Customs (HMRC) for the Construction Industry Scheme (CIS). As advised by 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.
- Part e – If you are registered for CIS, please enter your UTR (Unique Tax Reference) number and Company Registration Number. 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 - Payment Details

For completion by the supplier

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

Please provide your bank name, branch name, account number and sortcode.

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 sortcode. 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 4 – Supplier Information**

### **For completion by the supplier**

- Part a – Please indicate whether you are a supplier of goods or services, a Government Department/Agency, or applying for payment for another reason. If the types available are not relevant to you, please tick the 'Other' box and indicate a relevant classification.
- Part b – Please indicate whether your business is less than 249 employees and should therefore be classified as a small business. This enables us to meet government reporting requirements on arrangements with this business sector.
- Part c – Please indicate whether you are a Third Sector organisation, and if so which type. Third Sector organisations are established on a not-for-profit basis and are not directly controlled by the state.
- Part d - If you have a SIC (Standard Industries Classification) code and/or a DUNS number please enter them here. Standard Industries Classification is a way of classifying industries by a four digit code. DUNS Number is a nine digit reference which acts as a means of identifying business entities on a location-specific basis.
- Part e – Supplier description. Please provide a short description of your organisation which will enable us to more clearly analyse who you are.
- Part f – Whilst non completion of this section will not delay your payment, we would be grateful if you could please indicate whether your business is classed as 'Woman Owned' and/or 'Minority Owned'. This will help us to answer any questions received relating to social diversity.

## **SECTION 5 – Name of person authorising the form (Change title to 'Authorisation')**

The form must be authorised by the supplier and internally.

The supplier must complete the details at the left hand side of the section.

The form must be authorised by the internal originator (or your manager) at the right hand side of the section.

The form will not be processed if authorisation is incorrect or incomplete.

Once completed forms have been authorised by 'SSD Customer Organisation' they must be returned to the SSD Data Management Team at the address/fax given at the top of page 1 of this form.