



we are human counselling

Company Name:

Registered Address: _____

Company Registration Number: _____

VAT Number (if applicable): _____

Website address: _____

Number of employees: _____

If part of a Group, provide

Group Name: _____

Group Address: _____

Group Registration Number: _____

New Supplier Form to be passed to the Accounts Department
Business Address (if different from registered address):

Main Telephone Number: _____

Main Contact: _____

Main Contact's Title: _____

Direct Telephone Number: _____

Mobile Number: _____

Email address: _____

Finance Department Address (if different to above)_____

Finance Contact:_____

Direct Telephone Number:_____

Email address:_____

BANK DETAILS

Bank Name:_____

Address:_____

Bank Account Name:_____

Bank Account Number:_____

Bank Sort Code:_____

For overseas companies – please provide your:

SWIFT CODE:_____

IBAN Number_____

Name: _____

Title: _____

Signature: _____

Date: _____