**Company No.**  **INTEGRA SUPPLIER SET UP FORM Supplier No.**

FOR INTERNAL USE ONLY

OFF PAYROLL SUPPLIER SET-UP AMENDMENT FORM

\* Mandatory Fields – Fields marked with an \* must be completed in capital locks

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name\* |  | | |
| Address Line 1\* |  | | |
| Address Line 2\* |  | | |
| Address Line 3 |  | | |
| Address Line 4 |  | | |
| Post Code\* |  | | |
| Suppliers Email Address \* |  | | |
| Suppliers Telephone Number \* |  | | |
| Company Registration Number |  | VAT Number |  |
| UTR Number |  | Duns Number |  |
| Company Size |  |  |  |
| Is the total value of the business with this supplier over 4 years likely to be >£5000\* (£15000 for Works)? \* (if over threshold then the field below must be completed) |  | Detailed description of Goods/Services to be supplied \* |  |
| One off Payment |  | Remittance Advice Required |  |
| Detailed information regarding formal quotation/tender process (if applicable) | | |  |
| I have checked that the required goods/services/works cannot be obtained from an existing contracted supplier | | |  |
| **Tick as appropriate** | | | |
| NEW SUPPLIER | AMENDMENT | REACTIVATE | ADDITIONAL SITE |
|  |  |  |  |
| Off Payroll Worker’s Name & Address\* |  | Off Payroll working check completed (following [guidance](http://www.highland.gov.uk/peopleandtransformation/downloads/download/14/off-payroll_working)) |  |
| D.O.B |  | National Insurance No. |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Bank or Building Society Name** | | | | | | | | | | | | |
| Company Bank A/c Name \* |  | | | | | | | | | | | |
| Sort Code \* |  | |  | |  | |  | |  | |  | |
| Account Number \* |  |  | |  | |  |  |  | |  | |  |
| Company Bank Account |  | | | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| Completed By (Staff Name) \* |  | I have read and implemented the formal instruction for quotations: |
| Telephone Number \* |  |
| Service \* |  |
| Date \* |  |

**Please forward completed form together with appropriate documentary evidence of a valid supplier e.g. Letter Headed paper, email received from supplier with details, Documentary evidence of bank details must always be supplied for new & amendments to:** [**Creditors.Suppliers@highland.gov.uk**](mailto:Creditors.Suppliers@highland.gov.uk)