



Supplier Form

Company		VAT Registration Number:	
		Company Registration Number:	
Full Postal Address:			
Main Contact Name:		Telephone Number:	
Mobile Number:		Fax Number:	
Email Address			
<u>Please Attach Copies</u>		RHA / FTA	
Operators Licence Number:		Lorry Mounted Forklift:	
Goods in Transit:		Licenced Drivers:	
Motor Insurance:		Crane & Lifting Certified Drivers:	
Employers Liability:		ADR Licensed Driver:	
Public Liability:		Other Qualifications:	

We hope that you will agree that ensuring the safety of our employees, other persons and property are of paramount importance and will strive to ensure strict compliance with this Code of Conduct. Please read below and sign for your acceptance to these procedures:

I declare that the below named company has discussed the relevant points with their employees and will ensure it meets the requirements of the UKI Code of Conduct Should you require any further information; please do not hesitate to contact us.

Please complete, sign and return the form along with:

- ../ Employee and Public Liability Insurances
- ../ Goods In Transit Liability Insurance
- ../ DGSA Certificate
- ../ Operators License

We agree to abide by the Code of Conduct for Hauliers

Signature

Print Name

Position:

Date: