



# KEIGHLEY TOWN COUNCIL APPROVED SUPPLIERS APPLICATION FORM

<b>Company Name:</b> (Trading Name)		<b>Date:</b>	
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The application form is made up of the following Sections:

- SECTION A** CATEGORIES OF WORK APPLIED FOR
- SECTION B** REFERENCES
- SECTION C** CONTRACTOR DETAILS
- SECTION D** FINANCIAL INFORMATION
- SECTION E** MEMBERSHIP OF REGULATORY BODIES
- SECTION F** INSURANCES
- SECTION G** HEALTH AND SAFETY
- SECTION H** IMPORTANT DECLARATION

## **SECTION A – CATEGORIES OF WORK**

Please indicate the category/s of work you wish to be considered for by marking the financial values for which you wish to apply:

Category of business: (for example, construction, plumber)	
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Please indicate, by marking the financial values for which you wish to apply:

<b>Contract Value</b>	<b>Up to £4,000</b>	<b>£4,000 - £10,000</b>	<b>£10,000 - £20,000</b>	<b>£20,000 - £30,000</b>	<b>£30,000 - £40,000</b>	<b>£40,000+</b>
Please tick the value you wish to be considered for						

**SECTION B – REFERENCES**

Please provide the names and addresses of **two referees**. Ideally one will be from another **Public Body**. The **Referees** should be contacted and agree to providing a reference prior to you submitting this application. If you're applying for more than one value category you will need to provide a referee from two different value categories.

If you are unable to supply at least one public body referees for a category, please state the reason below:-		
<b>EXAMPLE</b>		<b>Please ensure that the reference provided will be applicable to the category and value applying for.</b>
	Contact Name:	Mr N Smith
	Address:	Smith and Jones
		19 London Road
		Keighley
		BD21 3PA
	Tel No:	01535 123456
	E-mail:	nsmith@smithjones.com

<b>Category Value:</b>		<b>Category Value:</b>	
<b>Contact Name:</b>		<b>Contact Name:</b>	
<b>Address:</b>		<b>Address:</b>	
<b>Tel No:</b>			
<b>E-mail:</b>			

**SECTION C – CONTRACTOR DETAILS**

**Please enter details as requested:**

1.	Name of Contractor:	
2.	Main Correspondence Address:	
	Post Code:	
3.	<b>a.</b> Telephone Number	
	<b>b.</b> E-Mail Address	
4.	Name and designation of person applying on behalf of the Contractor:	
5.	Are you a sole trader, partnership, private ltd company or other (please specify)?	
6.	When were you established?	
7.	<b>a.</b> If you are a company, please give the name and registered office of any ultimate holding company if appropriate.	Name:  Registered Office:
	<b>b.</b> List <b>all</b> companies within the group (attach separate sheet if necessary)	Other companies by name:
8.	If you are a sole trader or partnership, please list:	
	<b>a.</b> The names and trading addresses of any other firms which are owned or run by you or any of the partners, and	
	<b>b.</b> The name and registered office of any company of which you or any partner is a director	

**Limited companies should answer the following:**

<b>a.</b>	Please state the date of registration and registration number under the Companies Act 1985	Date:
		Registration No:
<b>b.</b>	Please enclose a copy of the Certificate of Incorporation of the Company and any Certificate of Change of Name if applicable	<b>Please tick: ✓</b>
	Copy of Certificate of Incorporation:	Yes:            No:
	Copy of Certificate of Change of Name:	Yes:            No:
	Have you ever had to pay any damages in respect of a failure to perform:	Yes:            No:
<b>c.</b>	Have you ever had a contract terminated by the employer:	Yes:            No:
	Have you ever withdrawn from a contract prematurely before completing the works?	Yes:            No:

**If you have answered YES to C please attach details of any payment of damages, termination or withdrawal occurring within the last three years.**

**SECTION D – FINANCIAL INFORMATION**

**Please enter details as requested:**

VAT Number:

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Please give details of your turnover for the last three years:

Year:

Turnover:

Year:

Turnover:

Year:

Turnover:

If your company is a member of a group of companies, the group or ultimate holding company may be required to guarantee your contract performance.

If a guarantee is required, please indicate below which company in the group will provide this guarantee.

Company:	
Contact Name:	

Please give details of any outstanding claims or litigation against you whether disrupted or not, particularly where:

a.	You have received Writ or summons	
b.	You have received a Solicitor's letter before action	

**SECTION E – MEMBERSHIP OF REGULATORY BODIES**

If you are a member of any regulatory bodies, please list them below and provide copies of the relevant Registration Certificate.

Area of work	Regulatory Body	Registration Certificate enclosed? Please indicate Yes/No* (If no please provide the reason)

## **SECTION F – INSURANCES**

**PLEASE NOTE:** An Annual Check is carried out on all Contractor’s insurance policies. This check is for Council purposes only and should **not** take the place of the Contractor ensuring that its policy is appropriate in all respects, for the work to be carried out at any time for the Council or others. The Council will not be liable for any defects or omissions in a Contractor’s Insurance of which the Council may or may not become aware of on the annual check.

EMPLOYER’S LIABILITY INSURANCE. The **minimum** amount of cover accepted by this authority is £5,000,000.

Name of Insurance Company:	
Address:	
Telephone Number:	
Broker’s Name and Address (if applicable)	
Telephone Number:	
Policy Number:	
Expiry Date:	
Limit of Indemnity:	£

Public Liability Insurance Cover. The **minimum** amount of cover accepted by this Authority is £2,000,000 in respect of any one accident. However, on certain schemes this may be higher.

**PUBLIC LIABILITY INSURANCE DECLARATION**

I/We undertake to inform the Town Clerk, Keighley Town Council, Civic Centre, North Street, Keighley BD21 3RZ of any future amendments to, or changes in respect of the Public Liability Insurance policy detailed below.

I/We certify that upon being awarded any work by any part of this Authority, that I/we will produce satisfactory evidence of our Public Liability Insurance cover before the commencement of any work.

I/We further undertake that failure to notify the Town Clerk of any such amendments will result in the automatic removal of the Contractor from the approved list.

Date:	
Signed for and on behalf of the Contractor by:	
Position:	
Name of Contractor:	

Please attach a copy of your insurance company/broker's confirmation letter    Enclosed  (please tick)

**SECTION G – HEALTH AND SAFETY**

Is your organisation registered under CHAS\* (Contractor's Health & Safety Assessment Scheme)  
**\*this only applies if you are applying to be considered for contracts over the value of £4,000**

Yes:	
No:	

**If you answered NO and if applicable to your area of work and contract value** you must apply for CHAS registration as it is a requirement for being included on our Approved List of Contractors.

**SECTION H – IMPORTANT DECLARATION**

**After completing the questionnaire, please read and sign the declaration below:**

I/We certify that the information supplied is accurate to the best of my/our knowledge and understanding and that I/We have read and accept the Council’s Conditions as set out in the attached guidance.

<b>Signed for and on behalf of the Contractor by:</b>	
<b>Position:</b>	
<b>Name of Contractor:</b>	
<b>Date:</b>	