|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | SAP 7B[MHCLG – COVID-19]  Finance Shared Services Division | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Details of Suppliers and Creditors | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * This form should be used if you are a supplier/creditor to Ministry of Housing, Communities and Local Government. The information provided on this form will enable us to make a payment to you. * Page 1 of the form is to be completed by the Department; the remainder of the form should be completed by the supplier/creditor to the Department. * During the MHCLG COVID-19 response phase, this form should be completed electronically, and mailed to the contact detailed in section 1A. * If you are completing this form by hand, please write clearly in BLOCK CAPITALS and use BLACK INK. This form should then be scanned and emailed to the contact detailed in section 1A. * Shaded boxes are mandatory: IF NOT COMPLETED THE FORM WILL BE RETURNED. * Should you require extra space to reply to any of the questions, please attach an extra page. * To ensure maximum security, no remittance can be made until this form is completed and returned. * . | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION 1. TO BE COMPLETED BY A HOUSING, COMMUNITIES AND LOCAL GOVERNMENT OFFICIAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Action required before either sending this form to the vendor or requesting deletion - please select one of the following options: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | A. Set up a New Supplier/Creditor:   1. Write your name and the postal address of your office in the space provided below for the RETURN ADDRESS. This is so the completed form can be returned to you for checking and in case of queries. 2. Send the form to the new supplier/creditor for completion, enclosing a self-addressed envelope for its return. 3. Once the form has been returned to you the application must be authorised in the section below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | B. Update Existing Supplier/Creditor Details   1. For all changes the form must be sent to the supplier/creditor for completion. 2. Ensure that the vendor number and company code has been entered. 3. The amendments must be authorised in the section below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | C. Delete Supplier/Creditor   1. Enter the vendor number and complete section two of the form. It is not necessary to complete any further sections. Deletion will stop all transactions between that supplier/creditor and Department. 2. Authorise the deletion in the section below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1A. Return Address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please send the completed form to**:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Vendor Number** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  | | **MHCLG Contact - name:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | **Company Code** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  | | **Email Address:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | **Vendor name** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Tel no.** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **AUTHORISATION: To be signed on return of form after sections 2- 7 have been completed** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***I confirm that Ministry of Housing, Communities and Local Government procedures have been followed when selecting a new supplier or approving a grant to a new recipient*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature of Authorising Officer [SEO or above]** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature** | | | | | |  | | | | | | | | | | | | | | | | | | | | | **Name in Block Letters** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Email address** | | | | | |  | | | | | | | | | | | | | | | | @communities.gsi.gov.uk | | | | | | | | | | | | | | | **Grade** | | | | | | |  | | | | | | | **Date** | | | |  | | | | | |
| **Signature of Deputy Director** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature** | | | | | |  | | | | | | | | | | | | | | | | | | | | | **Name in Block Letters** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Email address** | | | | | |  | | | | | | | | | | | | | | | | @communities.gsi.gov.uk | | | | | | | | | | | | | | | **Grade** | | | | | | | |  | | | | | | **Date** | | | |  | | | | | |
|  | | Please **keep a copy for your records** **and email the fully completed** **form** to FSSD-Vendors@communities.gov.uk | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 2 TO 6 ARE MANDATORY. WITH THE EXCEPTION OF 2.2 WHICH IS OPTIONAL** IF SECTIONS 2 TO 6 ARE NOTCOMPLETED YOUR FORM WILL NOT BE PROCESSED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Should you have any queries about completing this form, please contact the person named in section 1. * The information supplied will be held on computer and may be cross-checked against other records, to prevent duplication of data or fraud. * Insofar as information provided on this form is classed as ‘Personal Data’ under the Data Protection Act 1998, it will be treated as such in accordance with the provisions of that Act. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Supplier or Creditor? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are you**; Tick appropriate boxes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a) a supplier of goods or services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| b) a creditor applying for a payment for another reason (e.g. grant payment ) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| c) an organisation within the Whole Government Accounts (WGA) boundary ? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| 2.1 Are you a Diverse Supplier? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Note ownership of the organisations detailed below (i to x) relates to how they are governed. Third Sector organisations are governed through a management committee made up of (volunteer) trustees. For the purposes of this exercise 51% or more of the trustees should be representative of the nominated group, to deem your Organisation as being owned/led. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i. | | | | Is your business majority owned/led by women? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| ii | | | | Is your business BAME owned / led? | | | | | | | | | | | | | | | BAME:- Black, Asian, Minority Ethnic, known until recently as BME. Black is an inclusive term for all ethnic groups who have a common experience of discrimination on the basis of their skin colour. An ethnic minority community is an ethnic group that is numerically smaller than the predominant white group in Britain. A BAME Company is one which is majority BAME owned or led. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| iii | | | | Is your business majority LGBT owned/led? | | | | | | | | | | | | | | | LGBT:- Lesbian, Gay, Bisexual and Transgender. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| iv | | | | Is your business owned / led by disabled people? | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| v | | | | Is your business a Charity? | | | | | | | | | | | | | | | Is your Business registered with the Charity Commission (in England and Wales), or are you an 'excepted' charity not obliged to register because you have an annual income of £1,000 or less, and/or are a religious and/or armed forces charity. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| vi | | | | Is your business part of the VCS? | | | | | | | | | | | | | | | VCS:- Voluntary and Community Sector. Is your Business active on a local or community level, are you small, modestly funded and largely dependant on voluntary, rather than paid, effort. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| vii | | | | Is your business a Mutual? | | | | | | | | | | | | | | | Is your Business an industrial and provident society, such as co-operative societies or societies formed for the benefit of the community, e.g. credit unions, friendly societies, working men's clubs and building societies. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| viii | | | | Is your business a social enterprise? | | | | | | | | | | | | | | | Does your Business have primarily social objectives whose surpluses are principally reinvested for that purpose in the business or community, rather than being driven by the need to maximise profit for shareholders and owners. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| ix | | | | Is your business a Community Interest Company? | | | | | | | | | | | | | | | Is your Business a limited company, created for the use of people who want to conduct a business or other activity for community benefit, and not purely for private advantage. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| x | | | | A diverse supplier not meeting any of the above criteria. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |
| 3. Business Name & Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you are a sole trader trading under your own name, please insert your name in the “Business name” box. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. | | Business Name: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Address: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | City/Town: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | County | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Postcode: | | | | | | |  | | | | | | | | | | | | | | | | Country | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Email address:  All the information listed 1) to 5) can be sent to you by email. The same email can be quoted or a different email can be specified for each activity if required. | | | | | | | 1) General Contact Information  2) Remittance Advice:  3) Purchase Order:  4) Weekly Summary Report of your invoices:  5) Upon receipt of invoice: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| 4. Taxation Details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. | | | Are you registered for  VAT in the UK? | | | | Yes | | | | | |  | | No | | | If **Yes**, you must enter the VAT Reg. No | | | | | | | | | | | | | | GB | |  | | | |  | | |  | | | |  | |  |  | | | |  | |  | | | |  | | |
|  | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b | | | If you are registered for any EU taxes, please state the Country, your full Tax Registration No. with the Country prefix: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | |  | | | | | |  | | | |  | | | | | | |  | | | |  | | | | | | | | |  |  | | | | | |  | | | | | |
| 5. Payment Details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | | | Payments are made by BACS Ltd as this offers greater security for your payment and speedier banking direct to your account. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | For payment by BACS, please complete the following details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bank / Building Society name | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Branch | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sort Code\* | | | | | | | |  |  | | |  | |  | |  |  | | | |  | |  | Building Society Roll No. | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Account No.\* | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Account name | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \* | | | For a bank account, these details refer to the sort code of the bank and the bank account number of your business (your bank account number will be 8 digits long). If you have a building society account, they refer to the building society’s bank details. If in doubt, please check with your bank or building society. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **6. Name of person authorising on behalf of the supplier** | | | | | | | Signature |  | |  | | | | Name |  | | | |  | | Position in business |  | | | |  | | Telephone |  | Fax | | N/A | | **Please email this form to the person named in the Return Address in Section 1A.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |