**SUPPLIER APPLICATION FORM**

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| --- | --- |
| Trading Name: |  |
| Trading Address:  |  |
| Operational Address: (If different to the above)  |  |
| Post Code: |  | Country: |
| General Telephone Number: |  |
| General Email address: |  |

|  |  |  |
| --- | --- | --- |
| Business Type: |  | Date Established:  |
| Is this business part of a group: Y/NIf yes, please give details: |  |

|  |  |  |
| --- | --- | --- |
| Number of Employees: |  | Working Hours: |

**ACCOUNTS INFORMATION**

|  |  |
| --- | --- |
| Bank Name Address & Postcode: | Sort Code & Account No:  |

|  |  |
| --- | --- |
| Trading Address & Postcode | Usual Business Trading Currency for Payment: |

|  |  |
| --- | --- |
| Directors Name(s) | Directors Position (s) |

|  |  |
| --- | --- |
| 1st Active Business ReferenceName:Address:Contact:Tel No:Email: | 2nd Active Business ReferenceName:Address:Contact:Tel No:Email: |

|  |  |
| --- | --- |
| Last Year’s Annual Turnover: | Profit in the last 3 years:Last Year: Previous Year: |

**CONTACTS:**

|  |  |
| --- | --- |
| **Primary Contact for MK Test Systems:**Name:Position:Tel No:Email:  |  |

|  |  |
| --- | --- |
| **Finance** Name:Position:Tel No:Email: |  |

|  |  |
| --- | --- |
| **Quality**Name:Position:Tel No:Email: |  |

**ATTACHMENTS:**

|  |
| --- |
| Quality Credentials Type Achieved Expiry Date Copied & AttachedISO 9001: Mandatory Y/NISO 14001: Y/N Y/NISO 45001: Y/N Y/NAS9100: Y/N Y/N |

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| SUBCONTRACTORSDo you have subcontractors other than the suppliers of raw materials Y/NIf yes please list top 3:1)2)3)Do you have a written process for managing sub-contractors? Y/N |

|  |
| --- |
| CounterfeitingDo you have an anti-counterfeiting policy? Y/N Copied & Attached Y/N  |

|  |
| --- |
| TraceabilityDo you offer traceability for components used or supplied by yourselves along with a Certificate of Conformity for products? Y/N  |

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| --- |
| Policies Copied & AttachedHealth and Safety (if no Iso 450001) Y/N Environmental / Recycling (if no ISO 14001) Y/NReach Policy (if applicable) Y/N |

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| Insurances Expiry Date Copied & AttachedProfessional Indemnity (if applicable) Y/N Public Liability Y/NEmployee Liability Y/N |

**DECLARATION**

|  |
| --- |
| Non-disclosure Agreement (If applicable) Signed and attached Y/N |

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| AOB Noes/ Machine List  |

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| --- |
| Declaration I declare to the best of my knowledge all information is correct and I have read and agree to comply with MK Test Terms and Conditions of Purchase.Signed: Print:Position: Date: |