**SUPPLIER REGISTRATION FORM**

1. **Basic Company Details**

|  |  |
| --- | --- |
| Registered Company Name |  |
| Registered Company Address |  |
| Company Number |  |
| VAT Number (if applicable) |  |
| Website (if any) |  |
| Nature of goods or services supplied |  |
| Years Trading |  |
| Account Manager - Name |  |
| Account Manager - Title |  |
| Account Manager – Tel. Number |  |
| Account Manager - E-mail Address |  |

1. **Bank Details**

|  |  |
| --- | --- |
| Bank Name |  |
| Bank Address |  |
| Account Number - IBAN |  |
| Account Number - BIC |  |
| Account Number - Swift Code |  |
| Account Number ABA (If US Bank Account) |  |
| Billing Currency |  |
| Credit Terms |  |
| Credit Limit |  |
| Any other terms and conditions that we should be aware of |  |

1. **Accounts Receivables Details**

|  |  |
| --- | --- |
| Contact Name |  |
| Contact Number |  |
| Contact email (prefer company rather than named individual) |  |
| Accounts Receivable Address |  |

1. **Self-Declaration**

|  |  |
| --- | --- |
| I have read, understood and accept the Trócaire supplier code of conduct.  See <https://www.trocaire.org/about/work-with-trocaire/supply-chain> |  |
| I accept Trócaire's General Terms and Conditions  See <https://www.trocaire.org/about/work-with-trocaire/supply-chain> |  |
| General Terms and Conditions request for amendment (*Please place any reservations and/or request for amendment in the following box. Please note that these requests have not been accepted by Trócaire until they have been confirmed in writing by an authorised officer of Trócaire*). |  |
| Neither I or my organisation or agents of my organisation offered gratuities or inducements to any employee, agent or family member of Trócaire. |  |
| I am satisfied that no conflict of interest applies OR I have notified Trócaire in writing about any potential conflict of interest with regard to Trócaire staff I am reasonably aware of. |  |
| Please confirm that all details are correct to the best of your knowledge. |  |
| Any other material information or feedback on this form. |  |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Stamp: