**SERVICE PROVIDER REGISTRATION DETAILS FORM**

The Service Provider must complete this section (please insert N/A if appropriate).

Where a Service Provider is a Consortium or Joint Venture, the main Service Provider’s questionnaire (complete with all common information) should be copied and filled out for each active member of that Consortium or Joint Venture. The questionnaires should then be submitted as a single application.

**Main/Lead Service Provider**

|  |  |
| --- | --- |
| Name of Service Provider: |  |
| Address of Registered Head Office: |  |
| Address(es) of Other Relevant Office(s): |  |
| Date Business Commenced Trading: |  |
| CRO Registration Number |  |

Fill in this box if the company is a subsidiary.

|  |  |
| --- | --- |
| Name and address of parent company and interest parent has in Service Provider company (for example, wholly owned by single parent company): |  |

Fill in this box if there are other companies in a group that will be involved in the contract.

|  |  |
| --- | --- |
| Name and address of other companies in the group involved in this contract: |  |

**Nature of Service Provider**

|  |  |
| --- | --- |
| Nature of Service Provider (for example, sole trader, private limited company, public limited company, Joint Venture): |  |

Complete the relevant box below.

|  |  |
| --- | --- |
| **Limited Company (Public or Private)** | |
| Company Registration Number: |  |
| Year established: |  |
| Number of years actively trading under present name: |  |
| Name of Chairman/CEO/MD: |  |
| Interest of Chairman/CEO/MD in other companies: |  |
| Changes to group structures or mergers over the past 5 years: |  |

This box to be filled in only by the Lead of a Legal Partnership, a Consortium or any other type of Joint Venture.

|  |  |
| --- | --- |
| **Consortium or a Joint Venture company** | |
| Names of all members in Consortium or Joint Venture company: | 1. |
| 2. |
| 3. |
| 4. |
| Was Consortium or a Joint Venture company formed for this project? |  |
| If you answered ‘No’ above, state number of years actively trading under present name: |  |
| Method of financing Consortium or Joint Venture company: |  |

**Additional Service Provider Company Details**

Additional details of the Service Provider’s Company are requested below if required

|  |  |
| --- | --- |
| Have the entities above ever traded or operated under another name?  If so, list those names and details. |  |