[Company name]

How to use this document: delete this paragraph before saving, sharing, or circulating it. Every part shown in blue is yours to replace: type your own details over each blue [field] until no blue remains. Then select all (Ctrl+A) and set the font colour to the same dark colour throughout. What is left is your finished document.

Vendor Onboarding Form

This form is completed by the supplier and checked by the internal reviewer named in the final section. Do not set up payment for a supplier until the final section is signed. Where a section does not apply to this supplier, write that it does not apply in the relevant field rather than leaving it blank, so the reviewer can tell the question was considered.

A. Legal identity

Item	Detail
Supplier legal name	[Legal name of supplier]
Trading name, if different	[Trading name of supplier]
Legal form of the supplier	[Legal form of the supplier]
Registration number	[Registration number of supplier]
Registered address	[Registered address of supplier]
Country of registration	[Country of registration of supplier]
Year the supplier began trading	[Year the supplier began trading]
Parent company, if any	[Name of parent company of supplier]

B. Addresses and contacts

Contact purpose	Name	Job title	Email address	Telephone number
Primary contact	[Name of primary contact of supplier]	[Job title of primary contact of supplier]	[Email address of primary contact of supplier]	[Telephone number of primary contact of supplier]
Accounts contact	[Name of accounts contact of supplier]	[Job title of accounts contact of supplier]	[Email address of accounts contact of supplier]	[Telephone number of accounts contact of supplier]

[Company name]

Operational contact	[Name of operational contact of supplier]	[Job title of operational contact of supplier]	[Email address of operational contact of supplier]	[Telephone number of operational contact of supplier]
Emergency contact	[Name of emergency contact of supplier]	[Job title of emergency contact of supplier]	[Email address of emergency contact of supplier]	[Telephone number of emergency contact of supplier]

Trading address, if different from the registered address: [Trading address of supplier]. Address for delivery of notices: [Address for delivery of notices to the supplier].

C. Goods or services supplied

Description of goods or services to be supplied: [Description of goods or services to be supplied by this supplier].

Categories of supply: [Categories of goods or services supplied by this supplier].

Usual lead time from order to delivery: [Usual lead time from order to delivery for this supplier].

Minimum order quantity or value, if any: [Minimum order quantity or value for this supplier].

D. Banking and payment details

Banking details must be verified by a second channel before payment is set up, using contact details obtained independently of this form. Never change banking details on the basis of a single message or an attachment alone.

Item	Detail
Name of bank	[Name of bank of supplier]
Name of bank account holder	[Name of bank account holder for supplier]
Bank account number	[Bank account number of supplier]
Bank sort code or routing code	[Bank sort code or routing code of supplier]
International bank code, where applicable	[International bank code of supplier]
Preferred payment method	[Preferred payment method for this supplier]
Currency for payments	[Currency for payments to this supplier]

[Company name]

E. Tax and registration

Item	Detail
Tax identification number	[Tax identification number of supplier]
Tax registration status	[Tax registration status of supplier]
Tax form or certificate provided	[Tax form or certificate provided by supplier]
Date tax form or certificate was provided	[Date tax form or certificate was provided]

F. Insurance and compliance documents

List each document supplied, with its expiry date. A document that has expired must be renewed before approval, unless a written exception is recorded in the final section.

Document	Provided	Expiry date	Checked by
Certificate of insurance for public liability		[Expiry date of public liability insurance certificate]	[Name of person who checked the public liability insurance certificate]
Certificate of insurance for professional indemnity, where applicable		[Expiry date of professional indemnity insurance certificate]	[Name of person who checked the professional indemnity insurance certificate]
Business licence or permit, where applicable		[Expiry date of business licence or permit]	[Name of person who checked the business licence or permit]
Quality certification, where applicable		[Expiry date of quality certification]	[Name of person who checked the quality certification]
Data protection agreement, where applicable		[Expiry date of data protection agreement]	[Name of person who checked the data protection agreement]

G. References

Reference customer	Contact name	Goods or services supplied to that customer	Period of supply

[Company name]

[Name of reference customer one]	[Name of contact at reference customer one]	[Goods or services supplied to reference customer one]	[Period of supply to reference customer one]
[Name of reference customer two]	[Name of contact at reference customer two]	[Goods or services supplied to reference customer two]	[Period of supply to reference customer two]

H. Declarations

Conflict of interest declaration: [Conflict of interest declaration by the supplier].

Confirmation that the information in this form is accurate: [Confirmation that the information in this form is accurate].

Name of supplier signatory: [Name of supplier signatory]. Job title of supplier signatory: [Job title of supplier signatory]. Date of supplier declaration: [Date of supplier declaration].

I. Internal review and approval

Review step	Reviewer name	Date completed	Result
Identity and registration checked	[Name of reviewer for identity check]	[Date identity check was completed]	[Result of identity check]
Banking details verified by a second channel	[Name of reviewer for banking verification]	[Date banking verification was completed]	[Result of banking verification]
Tax and compliance documents checked	[Name of reviewer for tax and compliance check]	[Date tax and compliance check was completed]	[Result of tax and compliance check]
References checked	[Name of reviewer for reference check]	[Date reference check was completed]	[Result of reference check]

Supplier code assigned: [Supplier code assigned to this supplier]. Date supplier approved for ordering: [Date supplier approved for ordering]. Date supplier approved for payment setup: [Date supplier approved for payment setup].

Signatures

Role	Name	Signature	Date
Procurement reviewer	[Name of procurement reviewer]	[Signature of procurement reviewer]	[Date of procurement

[Company name]

			reviewer signature]
Finance approver	[Name of finance approver]	[Signature of finance approver]	[Date of finance approver signature]