

NEW SUPPLIER INFORMATION SHEET

Please complete SECTION A immediately.

Please complete SECTION B within 7 days (payment of invoices will only be made once completed SECTION B has been received)

| Trading Name: Contact: Address: Town: County: Country: Telephone Number: Mobile Telephone Number: Emergency Telephone Number: Fax Number: | Postcode | | | | |
|--|--|---------------------------------|-------------------------|-----------------------|--|
| Email: Website: | | | | | |
| Payment Currency | | | | | |
| VAT Number | | | | | |
| 2 3 4 5 6 | Bank Details on Company Headed /company Company Registration Certificate Goods in transit / CMR Insurance Certificate Dangerous Goods Safety Advisor Certificate HACCP/BRC Certificate (for carriage of foo Waste Carriers License (for carriage of was Other certificate(s) to a recognised quality s | te te (for th od) ste) | e carriage of regulated | , | |
| Registered on Transporeon | Yes No Transporeon | ı ID | | | |
| P&O Supplier Number (J) | | | | | |
| INSURANCE DECLARATION | | | | | |
| Goods In Transit Insurance Certificate (must confirm cover under the CMR Convention and all applicable legislation | | slation | Yes Expiry Date: | No | |
| CMR Limit per occurrence | | | Yes Euro / GB£ | No | |
| BIFA / RHA (<i>United Kingdom Domestic only</i>) Limit per occurrence | | | Yes Euro / GB£ | No | |
| SECTION B Your agreement to perform services for P&O Ferrymasters Ltd constitutes your acceptance of the P&O Ferrymasters Ltd Carriage of Goods - Conditions of Subcontracting 2015, which exclude or limit liability and which contain a clause of jurisdiction. Our Conditions of Subcontracting can either be viewed via our website www.POferrymasters.com, under "Customer & Partner Gateway" under "Partner Information", or are available upon request. The applicability of any other general terms and conditions is hereby expressly excluded. | | | | | |
| I confirm that all movements of re Regulations. | egulated dangerous goods will be carried in a | accorda | nce with the latest edi | tion of the ADR | |
| our acceptance of the above Co | and being duly authorised by) the Company ontractual Declaration and confirm that the obtified immediately by us if any changes to the | docume | ents supplied herewith | are accurate and that | |
| Supplier Representative's Signat | ure: | Date: | | | |
| Print Name: | | | | | |
| Position: Company Trading Name: | | | | | |





| POFM Only: I confirm that the following Security Checks have bee | n made and a new account can be opened: | | |
|--|--|--|--|
| Obtained landline telephone number from external source | 2. Telephoned haulier on landline telephone number | | |
| 3. Compared email address with external source | Checked the VAT number | | |
| 5. Checked for the haulier on trade registers | 6. Checked the Fake Carrier list | | |
| Signature: | Date: | | |
| | | | |
| POFM Only: Comments | | | |
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