



6 Poole Hill  
Bournemouth  
BH2 5PS

**FOXES PROPERTY MANAGEMENT LTD**  
**NEW SUPPLIER / CONTRACTOR DETAILS**

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

TELEPHONE \_\_\_\_\_ MOBILE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

SERVICES PROVIDED \_\_\_\_\_

BANK ACCOUNT NAME \_\_\_\_\_

BANK ACCOUNT NO \_\_\_\_\_ SORT CODE \_\_\_\_\_

**CONTRACTOR CONDITIONS**

- A copy of a current public liability insurance must be provided annually
- Invoices should be addressed to the client, c/o Foxes Property Management Ltd
- Charges for extra work, including work within any provisional amount, will not be accepted unless agreed in writing prior to being undertaken with Foxes Property Management Ltd.
- It is the contractor's responsibility to ensure that while working on site a code of safe working practice is adhered to in accordance with the requirements of the Health & Safety Executive.
- If at any time you feel you are not able to carry out your work in a safe manner, then you must cease working immediately and notify Foxes Property Management Ltd.
- You must notify us of any defects or issues you notice while undertaking work at a site.
- Risk assessments and Asbestos assessments (where applicable) are available to view in the offices of Foxes Property Management Ltd.
- No instructions are to be taken from any lessee on site unless authorised to do so by Foxes Property Management Ltd.
- Please liaise with Foxes Property Management Ltd regarding parking restrictions at sites.

I agree to the above conditions and certify that the details provided are correct and that it is my responsibility to advise Foxes Property Management Ltd in writing of any changes.

Name (Print) \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Please complete the health & safety information overleaf**

**FOXES PROPERTY MANAGEMENT LTD**  
**NEW SUPPLIER HEALTH & SAFETY INFORMATION**

Details of membership of trade associations:

Health & safety qualifications held (e.g. first aid / manual handling / working at height):

Health & safety legislation places obligations onto those responsible for selection and appointment of contractors who will be engaged in work activities. Contractors will be selected on their safety record and ability to work safely, not only on quality or price.

Name of person in your company responsible for health & safety: \_\_\_\_\_

**Safety performance / accident record over the last 3 years**

Year	Average workforce no	No of Fatalities	No of reportable accidents/incidents

Have you been served with any prohibition or improvement notices or prosecuted by any health & safety enforcement agent?                      Yes                            No     

If yes, please supply details: \_\_\_\_\_

Please confirm the following:

- Only trained & competent employees will work at our premises
- Employees will only work with safe plant & equipment
- You will carry out a risk assessment prior to commencing works

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Please send the following documents with this form (tick to confirm enclosure)

- Public liability insurance
- Employers liability insurance (if applicable)
- Professional indemnity insurance (for consultants)
- Current health & safety policy

Signed: \_\_\_\_\_