**CONTRACTOR/SUPPLIER REGISTRATION DETAILS FORM**

The Contractor/Supplier must complete this section (please insert N/A if appropriate).

Where a Contractor/Supplier is a Consortium or Joint Venture, the main Contractor/Supplier’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 Contractor/Supplier**

|  |  |
| --- | --- |
| Name of Contractor/Supplier: | [Where applicable, this must match **Company Registration Name** recorded on www.cro.ie] |
| Address of Registered Head Office: |  |
| Address(es) of Other Relevant Office(s): |  |
| Date Business Commenced Trading: |  |
| Company Registration Number:  (as recorded on [www.cro.ie](http://www.cro.ie) website) |  |
| Supplygov I.D |  |

Fill in this box if the company is a subsidiary. Please note if the Applicant is a subsidiary, a Parent Company Guarantee shall be furnished on request during the Evaluation period.

|  |  |
| --- | --- |
| Name and address of parent company and interest parent has in Contractor/Supplier 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 Contractor/Supplier**

|  |  |
| --- | --- |
| Nature of Contractor/Supplier (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:  (as recorded on [www.cro.ie](http://www.cro.ie) website) |  |
| 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 Contractor/Supplier Company Details**

Additional details of the Contractor/Supplier’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. |  |