

Registration/updating of details on supplier register

General company data

Company name				
Trade name				
Tax ID no.				
Address				
Postcode				
Town				
Country				
Phone no(s).				
Fax				
E-mail				
Website				

Corporate purpose of the company as stated in the articles of incorporation or of amendment

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Sales office (Complete only if details differ from the above or were not supplied previously.)

Address				
Postcode				
Town				
Phone no(s).				
Fax				
Contact				
E-mail				

Sales contact (person or persons buyers can contact regarding offers and orders)

Mr/Ms				
Post				
Phone no(s).				
Fax				
E-mail				

Mr/Ms				
Post				
Phone no(s).				
Fax				
E-mail				

Sales contact (person who will deal with matters concerning business activity coordination (CAE))

Mr/Ms				
Post				
Phone no(s).				
Fax				
E-mail				

Administration

Contact					
E-mail for correspondence regarding payment					
Payment account (bank transfers)					

Administrator / Managing Director					
Sales Manager					
Head of Administration					
Current staff					

Financial and general (Please give information for the last three years.)

Annual turnover

Approx. no. of orders/contracts

No. of staff

Average no. of people subcontracted
per month

If your company has holdings in other enterprises, list the most important and percentage share

Technology and communications

Please state which commercial
communication technology you have:

	E-mail
	Product catalogue
	We participate in marketplaces
	We participate in e-auctions
	We have our own informational website
	We have our own transactional website

Description of supplies or service with which you can provide TMB

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Quality certification

Standard

Certified by

Scope of certification

Standard

Certified by

Scope of certification

If you in the process of obtaining certification, please give status

Environment (only if applicable to your activity)

Standard

Certified by

Do you have an environmental audit plan?

Do you have the required permits for your activity in regard to emissions, discharges and waste?

Occupation risk prevention (only if applicable to your activity)

Do you have an occupational risk prevention management system in place?

Standard

Name of certifying body

Tax, national insurance and civil liability obligations

(This information will be considered a "Certificate" by means of which the person signing the document certifies that the information given is correct.)

I certify that the company is up to date with tax payments

I certify that the company is up to date with national insurance payments

Yes		No	
Yes		No	

We have civil liability insurance

Yes

No

Insurance company

Cover

References (Please state your major clients in the last two years, amount contracted and a brief description.)

Company	Annual amount	Description

Protrans (only companies already registered on Protrans)

Registration no.

Product/Service

Description

Remarks

You can give further details, with any documentation you deem of interest.

List of attached documents

Description	File name

By signing this document I hereby certify that the details provided are correct and that I am familiar with and accept the general terms and conditions of TMB, which will govern all orders, delivery orders, delivery plans and advance orders not containing instructions amending those herein. Should there be any, those stated explicitly in the document for each case shall apply.

Signed		Signature
ID card no.		
In his/her capacity as		
Date		

Once completed, this form shall be delivered to the person who provided it, or to:
Servei d'Aprovisionaments, c/ 60, n. 21-23, 08040 Barcelona.

For any queries regarding the completing of this form, please contact Ms Sílvia González or Ms Maica Vendrell, on 93 298 71 14.