**SUPPLIER MANUAL ACCEPTANCE - FORM 1** 

**About You –** Supplier Details

|  |  |
| --- | --- |
| **Company Name:** |  |
| **Address:**(If the factory address is different, please advise)  |  |
| **Telephone:** |  |
| **Fax:** |  |
| **VAT Number:** |  |
| **Contact Name:** |  |
| **Email Address:** |  |

**Contact Details –** Who in your company is responsible for the following departments?

|  |
| --- |
| **QUALITY****Name**: **Position:** **Telephone:** **Email:** **TECHNICAL****Name**: **Position:** **Telephone:** **Email:** **HEALTH & SAFETY****Name**: **Position:** **Telephone:** **Email:** **ENVIRONMENTAL, SOCIAL & ETHICAL****Name**: **Position:** **Telephone:** **Email:**  |

**Supplier Manual** Please answer all relevant questions and include copies of ALL relevant supporting information.

|  |  |
| --- | --- |
|  | **Yes / No (Please Tick)** |
| * Please confirm that you have read, understood and will accommodate Rectella needs and requirements as laid out in our Supplier Manual.
 | Yes | No |
| * If you believe you are unable to comply with any points in the Supplier Manual, please list these together with reasons and any supporting evidence / information.

**(Please use additional sheet of paper if required, quoting “Supplier Manual Comments Form 1”)** | **Supplier Comments** |
|  |

**NOTE – Exemptions will not be granted unless issues are genuinely unavoidable and signed off by the Supplier managing Director and Rectella Representative.
Failure to accept Rectella International Ltd Supplier Manual terms may result in Rectella being unable to trade with the Supplier.**

Signature of Supplier Representative :

Printed Name of Supplier Representative :

Date Form Signed :

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* END of FORM 1 \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Documentation Fulfilled – RECTELLA USE ONLY**

|  |  |
| --- | --- |
| **Documents / Information Required (COMPLETED)** | **Complete / Documents Received – Yes / No** |
|  |  |
| * Supplier Details (COMPLETED)
 |  |
| * Employee & Contact Details (COMPLETED)
 |  |
| * Comply to Supplier Manual / Evidence if Not
 |  |
|  |  |

**Checked By :**

**Filled Date :**