



APPROVED SUPPLIER ANNUAL DECLARATION (Over £10k spend)

This declaration is being sent to ensure there have been no changes in circumstances since CHP approved your company for use. Please tick the boxes where applicable. We will perform random spot checks where we will ask you to send in copies of your documents as evidence of your ongoing vendor compliance. However, there is no need to send us copies for now.

Please answer all the questions truthfully and accurately and sign/submit the form back to us at your earliest convenience. Thank you for your cooperation.

INSURANCES

We confirm the following Insurances are still valid:

Public/Product Liability Insurance Minimum £5m

Employers' Liability Insurance Minimum £10m

Professional Indemnity Insurance (if applicable) Minimum £2m

(Please note Professional Indemnity may not be relevant to your business, in which case write n/a)

If you do not have the insurances listed above, or your levels are different, please provide an explanation here:



MODERN SLAVERY ACT 2015

Does your company comply with the requirements of the 2015 Modern Slavery Act? (*Link to our declaration on In-Tend/website?*)

Yes
No

If answered No, please provide details below:

The following statement applies only for organisations with a global annual turnover of £36 million that carry out business (or part of a business) in the UK:

We confirm that we produce a slavery and human trafficking statement for each financial year as required in Section 54 of the Modern Slavery Act.

Yes
No

DISCLOSURE OF INTEREST

Is any director, partner, principal proprietor or person directly involved in the management of your firm, an employee or Management Board Director of CHP?

Yes
No

Is any director, partner, principal proprietor or person directly involved in the management of your firm, a close relative of either an employee or Management Board Director of CHP?

Yes
No

If Yes, please provide details:



OTHER CHANGES

If there have been any further company changes since we last completed our checks (such as company name change, location or personnel changes) please elaborate in the box below. We may require further documentation in support of any changes noted.

We confirm that the details supplied in this declaration are correct. Tick box if correct.

Print Name _____

Position held in company _____

Company Name _____

Date _____