

# Subcontractor Approval Form

PLEASE COMPLETE ALL SECTIONS OF THE BELOW FORM, ENTERING 'N/A' IF NECESSARY. FORMS CANNOT BE SUBMITTED IF NOT  
YOU CAN FIND A DIGITAL FILLABLE COPY OF THIS FORM AT <http://www.all4logistics.co.uk/subcontractor-form>

## Company Information

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Company Registration / Incorporation Number: \_\_\_\_\_ VAT Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Account number: \_\_\_\_\_ Sort Code \_\_\_\_\_

IBAN: \_\_\_\_\_ SWIFT Code: \_\_\_\_\_

## Operations Contact Details

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_

Position: \_\_\_\_\_

Phone number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Accounts Contact Details

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_

Position: \_\_\_\_\_

Phone number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Insurance (Fleet/Employers Liability/Public Liability/GIT)

Insurer name: \_\_\_\_\_

Policy number: \_\_\_\_\_ Policy Limits: \_\_\_\_\_

Valid until: \_\_\_\_\_

**Please attach a copy of your Policy/Cover Letter from Broker.**

Does your GIT Insurance cover all limits as per CMR conditions for European movements? Yes  No

Does your GIT Insurance cover all limits as per FTA conditions for UK only movements? Yes  No

**Fleet Details**

What would best describe your operation?

Own Fleet Operator       Owner Driver       Forwarder / Agent

How many vehicles do you operate? \_\_\_\_\_

How many trailers do you operate? \_\_\_\_\_

Can you carry single temperature loads? \_\_\_\_\_

Can you carry split/dual temperature loads? \_\_\_\_\_

What is the maximum payload of your vehicles within all UK & European territories?

Under 20 tonnes gross       Under 22 tonnes gross       Under 24 tonnes gross

Can you carry pallets up to 2.35 metres in height without restricting air flow within the trailer?

\_\_\_\_\_

Can you handle goods that fall under ADR/Hazardous movements? Yes  No

Are you Border Force accredited? Yes  No

**GDP (Good Distribution Practice) for Pharmaceutical Transport**

Do you validate/qualify all vehicles/trailers/refrigeration units in your fleet?

Yes  No

If yes, please explain the process or attach your Validation Protocol including details of whom manages this on your behalf i.e. Manufacturer/3rd party company

How often do you calibrate the temperature data recorders/monitoring system on your trailers?

- Monthly       Every 6 months       Never  
 Quarterly       Annually

Do you validate subcontractors that you use?

- Yes       No

If yes, please explain how is this process carried out?

Can you provide temperature data for all loads carried within 48 hours of delivery?

Are all trailers regularly cleaned internally?    Yes       No

Do you drivers receive any GDP training?    Yes       No

Do you hold your own GDP certificate?    Yes       No

## OTHER SERVICES

Please detail any other type of services provided:

**Quality, Environmental and Health & Safety**

Please provide the below documents as applicable:

Copy of Quality / Environmental / H&S Policy	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Copy of Insurance Policy	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Copy of ISO 9001 Certificate (not mandatory)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Training records	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**Declaration**

Please confirm that all the information provided is true to the best of your knowledge and that you have read, understood and agree with the All4 Logistics Subcontractor Service Agreement and our Terms and Conditions (You can find a copy to download at <http://www.all4logistics.co.uk/termsandconditions> ).

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Contractor Approved/ Not Approved By:	Position:	Date:
Observations		