**Supplier Amendment Request Form**

Supplier records for NHS England & NHS Improvement (NHS Commissioning Board, Monitor and NHS Trust Development Authority), Clinical Commissioning Groups (CCGs) and the Commissioning Support Units (CSUs) are managed by NHS Shared Business Services (NHS SBS). This form should be used to notify us of any amendment required to your address/bank/contact details. Links to our guidance notes and further information can be found on the reverse of this document.

The form should be updated in full, completing all fields marked with an asterisk (\*). Once completed, please return to NHS Shared Business Services via the email address: sbs.isfesupplieramendment@nhs.net

**To be completed by the Supplier** (\* mandatory fields)

Effective Date of Change\*: Click here to enter a date.

**Client Organisation Details**\*(i.e. X24-NHS England): Click here to enter text.

Is the change to be made across all NHS Organisations\*? Yes [ ]  No [ ]

**Your Organisation’s Details**\*:

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| **Supplier Full Trading Name**\***:**  |
| **Company Registration Number:**  |
| **VAT Registration Number:**  |

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| \***Is an amendment required to the address?** Yes [ ]  No [ ]  |
| \***Is an amendment required to the bank details?** Yes [ ]  No [ ]  |
| \***Is an amendment required to both address and bank details?** Yes [ ]  No [ ]  |

|  |  |
| --- | --- |
| **Old Purchasing Address**\* | **New Purchasing Address**\* |
| **Address line 1**\***:**  | **Address line 1**\***:** |
| **Address line 2:** | **Address line 2:** |
| **Address line 3:** | **Address line 3:** |
| **Town/City**\***:** | **Town/City**\***:** |
| **Post Code**\***:** | **Post Code**\***:** |
| **Country:** | **Country:** |

|  |  |
| --- | --- |
| **Old Payment Address: ( if different from purchasing)** | **New Payment Address: ( if different from purchasing)** |
| **Address line 1**\***:**  | **Address line 1**\***:** |
| **Address line 2:** | **Address line 2:** |
| **Address line 3:** | **Address line 3:** |
| **Town/City**\***:** | **Town/City**\***:** |
| **Post Code**\***:** | **Post Code**\***:** |
| **Country:** | **Country:** |

|  |  |
| --- | --- |
| **Old Bank Details**\* | **New Bank Details**\* |
| **Sort Code**\*: | **Sort Code**\*: |
| **Account Number**\*: | **Account Number**\*: |
| **Account Name**\*: | **Account Name**\*: |

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| **PO Email Address**\***:** |
| **Remittance Email Address**\***:** |

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| **Requestor Name**\*:  |
| **Contact Telephone Number**\*: |
| **Email Address**\***:**  |
| **Completion Date**\*: |

*In submitting this information I declare that the answers submitted & any supporting evidence requested is correct & accurate*. Once fully completed, please return to NHS Shared Business Services via: sbs.isfesupplieramendment@nhs.net

Following receipt of your completed Supplier Amendment Request Form we may be in touch to verify the information and require evidence to validate your request. Calls to request any information will be recorded and made from our dedicated security call number, and as such may appear as “No caller ID”. Please keep an eye out for these calls to avoid any delays; we will leave a voicemail and contact number if we miss you and we will make three attempts to contact you before the request will be closed.

Provided we can obtain all the necessary information, changes to your supplier information will typically take 5-7 working days to process.

For further guidance, information and to see frequently asked questions please click the following link:

* [Supplier Amendment Guidance](http://www.sbs.nhs.uk/media/14366/Supplier-Amendment-Guidance/doc/Supplier_Amendmanet_Guidance_-_V2.docx)

Did you know we also accept electronic invoices?



This service significantly improves the speed at which your invoices will be processed, submitted invoices can be with your customer for approval within as little as 15 minutes. You will also receive real time status updates on the progress of your invoices.

For more information and to register, please visit: <http://tradeshift.com/supplier/nhs-sbs/>

Thank you.