



**DEASP use only**

Supplier No: \_\_\_\_\_

Site: \_\_\_\_\_

Input by: \_\_\_\_\_

Checked by: \_\_\_\_\_

## **SUPPLIER SET-UP FORM V05-2018**

**NOTE: YOU MUST RETURN ORIGINAL OF THIS FORM ONLY**

Part 1: To be completed by the Company / Individual / Organisation where details have not been previously submitted or have changed.

Part 2: **ONLY** To be completed by authorised Bank Official if changing bank account details currently held by the Department of Employment Affairs and Social Protection.

### **Part 1 Company / Individual / Organisation Details**

Payee Name \_\_\_\_\_

Medcert Panel No/DEASP Payroll Number (if applicable) \_\_\_\_\_

Payee Address \_\_\_\_\_  
\_\_\_\_\_

Email address \_\_\_\_\_

Email address for Purchase Orders (if Applicable) \_\_\_\_\_

Tax Registration No/PPS No \_\_\_\_\_ Telephone No \_\_\_\_\_

**If payment/s exceed €10,000 in a twelve month period please supply the following:**

Tax Clearance Access No (TCAN):  **OR** attach copy of current Tax Clearance Cert

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

Account Holder \_\_\_\_\_

BIC/SWIFT Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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IBAN Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Payee Signature** \_\_\_\_\_ **Block Letters** \_\_\_\_\_

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

***If the payee is not the account holder then the account holder must sign here***

**Account Holder Signature** \_\_\_\_\_ **Block Letters** \_\_\_\_\_

### **Part 2 ONLY To be completed by authorised Bank Official if changing bank account details currently held by this Department**

Bank Official Signature: \_\_\_\_\_

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

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OFFICIAL BANK STAMP