An Roinn Coimirce Sóisialaí
Department of Social Protection

DSP use only
Supplier No: **Site:**
Input by:
Checked by:

SUPPLIER SET-UP FORM V1.2

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 Social Protection**.

Part 1 Company / Individual / Organisation Details

Payee Name _____

Panel No / School Organisation No (if applicable) _____

Payee Address _____

_____

Email address _____

Tax Registration 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

IBAN Number

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 the Department of Social Protection.

Bank Official Signature: _____

Date: _____

OFFICIAL BANK STAMP