### ddletb logo_colour main RGB

### **Bord Oideachais agus Oiliúna Baile Átha Cliath & Dhún Laoghaire**

### **Dublin and Dún Laoghaire Education and Training Board**

### **1 Tuansgate Belgard Square East Tallaght Dublin 24**

Tel: 01 452 9600 Email: [procurement@ddletb.ie](mailto:procurement@ddletb.ie)

### **SUPPLIER SET UP FORM (please complete in BLOCK CAPITALS) – NOV 2021**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SUPPLIER CODE (office use only) |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Account Name*** |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Name – Registered on Revenue*** |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Address 1*** |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Address 2*** |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Telephone/Fax Number*** |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Contact Name*** |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***E-Mail Address (FOR REMITTANCE)*** |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Employment Status (E.g.: Self Employed)*** |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Please indicate if it is a supply of goods and/or service*** |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Please provide a brief description of the nature of goods/service*** |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Company Registration Number*** |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***VAT Registration Number/PPS Number –******You must hold a Valid Tax Clearance Certificate*** |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Bank Name*** |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Bank Address*** |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **BIC Code** |  |  |  | |  | |  | | |  | |  | |  | | |  | |  | |  | | |  | |
| **IBAN PLEASE ATTACH A COPY OF THE TOP PART OF YOUR BANK STATEMENT** |  |  |  |  | |  | |  |  | |  | |  | |  |  | |  | |  | |  |  | |  |
| **IBAN CONTINUED** |  |  |  |  | |  | |  |  | |  | |  | |  |  | |  | |  | |  |  | |  |
| ***Signatory for the Company***  ***TYPED NOT ACCEPTED*** |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Please enter the Company Stamp*** |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Email address of contact in school or Centre you are supplying*** |  | | | | | | | | | | | | | | | | | | | | | | | | | |

**Completed Forms should be returned to PROCUREMENT at** [**procurement**](mailto:accounts@ddletb.ie)**@ddletb.ie (Please include the name of the School/Centre that you are engaging with)**

**THIS FORM WILL ONLY BE ACCEPTED IF ALL SUPPORTING DOCUMENTS ARE ATTACHED.**

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| ***For office use only*** |
| Notes: |