

Bord Oideachais agus <u>Oiliúna</u> 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

٦

SUPPLIER SET UP FORM (please complete in BLOCK CAPITALS) – NOV 2021 SUPPLIER CODE (office use only)

| SOFFLIER CODE (onice use only) | 1 | | | | | | | | | | | | | | | |
|---|------|------|------|-----|-------|------|------|-----|------|------|-----|----|------|-------|----------|--|
| 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 – <u>You must hold a Valid Tax</u> | | | | | | | | | | | | | | | | |
| <u>Clearance Certificate</u> | | | | | | | | | | | | | | | | |
| Bank Name | | | | | | | | | | | | | | | | |
| Bank Address | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| BIC Code | | | | | | | | | | | | | | | | |
| IBAN PLEASE ATTACH A COPY OF | | | | | | | | | | | | | | | | |
| THE TOP PART OF YOUR BANK | | | | | | | | | | | | | | | | |
| STATEMENT IDAN CONTINUED | | | | | | | | | | | | | | | | |
| 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 retu | | | | | | | | | | | | t@ | ddle | etb.i | <u>e</u> | |
| (Please include the name of the So | hool | /Ce | ntre | tha | nt ye | ou a | re e | nga | ging | g wi | th) | - | | | | |
| THIS FORM WILL ONLY BE A | CCE | (PT) | EDI | FA | | SUI | PPC | RT | ING | DC | JC | JM | EN | rs | | |
| | ARE | AI | TA(| H | ED. | | | | | | | | | | | |

For office use only

Notes: