



Supplier Details			
Business Name as registered with the Office of the Commissioner for Revenue			
Trading Name [if applicable]			
Address			
Town/City			Post Code
Country		VAT Reg. Number	
Contact Person			
Telephone Number			Fax Number
e-mail Address [generic]			
Service/Product supplied			
Supplier - Details of Account Holder Bank Account Holder			
Bank Name			
Branch Address			
Town/City		_	Post Code
Country			
International Bank Account Number (IBAN) [compulsory]			
Bank Identifier Code (BIC)			
Products/Works/Services provided in relation to Grant Agreement No.:			
I the undersigned declare that all information provided is, to the best of my knowledge, complete and correct. I understand and am aware that any falsification may jeopardize the validity of the payment issued.			
Signature of Account h	nolder	Date	



