|  |
| --- |
| **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 holder |  | Date |  |  |  |
|   |  |  |  |  |  |  |  |  |
|   |  |  |  |  |   |   |   |  |
|   |   |   |   |  |  |  |  |  |
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