|  |  |
| --- | --- |
|   | **FOR COMPLETION BY VENDOR (PLEASE PRINT)** |
| **Name/Trading Name** |   |
| **Address line 1**  |  |
| **Address line 2**  |  |
| **Address line 3**  |  |
| **Eircode/Post Code**  |  | **Country**  |  |
| **Contact Name**   |  | **Contact Tel No.**  |  |
| **Mobile Tel No.**  |  | **HSE/TUSLA Employee No.** |  |
|  | *(if employed by HSE or TUSLA)* |
| **E-mail Address**  |  |  |  |
|  | *\*1Remittance E-mail*  | *\*2 Purchase Order E-mail (if applicable)* |
| ***\*1 Remittance advice will be sent to this e-mail account.******\*2 Please note only one PO email address is permitted per vendor. The obligation lies with the vendor to distribute POs within their own organisation. Ideally each vendor would have a group e-mail address so that everyone with access to that group can process the PO.*** |

**BANK DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Country** |  | **Order Currency** |  |
| **BIC or SWIFT**  |  | **IBAN** |  |
| **Account Name**  |  |
| **Bank Name**  |  |
| **Bank Address**  |  |

**TAX INFORMATION** (**Mandatory for Suppliers and Service Providers**)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tax Reference No** |  |  **Tax Ref No Type:** [ ] **Income Tax (IT)** [ ] **Corporation Tax(CT)**  | **VAT Number:**  |  |
| **(Please tick the relevant box to indicate if the Tax Reference No. provided is an Income Tax (IT) or Corporation Tax (CT) registration number)** |  |
| **Charity no:**  |  |  | **Other:**  |  |
|  | (If applicable)  |  |  |

***Payments to vendors with a value in excess of €10,000.00 in a 12 month period MUST provide proof of tax clearance otherwise payments cannot be made. Full details are available on*** [***www.revenue.ie***](http://www.revenue.ie)***.***

***Charities registered in the Republic of Ireland should state their Charity Number in the Charity No field above.***

* **I certify that the details given above are correct and I understand that payments in respect of goods, work or services supplied, payments in respect of a grant or any other payment will be made to the account nominated above***.*
* **I agree to HSE Standard Terms for Services and Supplies (full details available on request or at** [**www.hse.ie**](https://scanner.topsec.com/?d=2304&t=5f190df377e85e0d564ea93932fd0cc8b5069918&r=show&u=www.hse.ie) **) unless otherwise agreed in writing.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Signed**  |  | **Print Name**  |   | **Date** |   |
|  |  |  |  |  |  |
| **Title** |   | **Vendor Number**  **(if known)** |   |
|  |  |  |  |  |