

EFT Requested by : _____	Date: _____
Staff Name – School Centre	_____

NOTE:
Part 1 & 2: To be completed by the Company.

ORIGINAL FORM TO BE RETURNED DIRECTLY TO THE ETB

PART 1 COMPANY DETAILS - NEW SUPPLIER SET UP

Vendor No. _____ (Head Office Use Only)

Vendor Name _____

Address _____

Telephone No _____ Fax Number _____

Email address _____

Tax Registration number _____ Nature of Business _____
 (VAT number, PPS number or Charity number)

I/We authorise and request you to confirm directly to LMETB, Chapel Street, Dundalk, Co. Louth, the information requested as a Part 2 below.

SIGNATURE

BLOCK LETTERS

POSITION IN COMPANY

DATE

PART 2 BANK DETAILS

Bank Name _____ Branch _____

Address _____

Bank Account Name _____

Bank Sort Code

Account Number

IBAN:

BIC / SWIFT Code

By providing the data above, you consent to the lawful processing of this data for the purposes outlined in LMETB's Data Protection Policy and Privacy Notices. You have the right to object to the processing of this data at any time. For further information on Data Protection, how we process and use the data you have provided, and information on your rights as a data subject, please refer to www.lmetb.ie – About Us – Data Protection.'