**Document 5**

**SOLAS Bank Authorisation Form**

Part 1: To be completed by the Lead Organisation and forwarded to your Bank.

Part 2: To be completed in full by an authorised Bank Official. This form MUST be stamped by the bank

**Or**

Part 1: To be completed by the Lead Organisation

Part 2: To be completed by an Accountable person\* in the Company/Organisation **and a top copy of your bank statement** confirming the bank account details given here, to be sent in along with this form.

|  |  |
| --- | --- |
| **Part 1- Company Details** | |
| Name of Project |  |
| Lead Organisation: |  |
| Address: |  |
| Telephone No: |  |
| Email address: |  |
| Tax Registration number: |  |

I/We authorise and request you to confirm to ALL National Programme Office, SOLAS, Castleforbes House, Castleforbes Road, Dublin 1, allinnovation@solas.ie the information requested in Part 2 below.

|  |  |
| --- | --- |
| Signature: |  |
| Name (Block Letters): |  |

|  |  |
| --- | --- |
| **Part 2- Bank Details** | |
| Bank Name: |  |
| Branch: |  |
| Address: |  |
| Bank Account Name: |  |
| Bank Sort Code: |  |
| Account Number: |  |
| IBAN: |  |
| BIC / SWIFT Code: |  |
| Signature |  |
| Position |  |
| Date |  |
| Official Bank Stamp |  |

Please send the completed form to ALL National Programme Office, SOLAS, Castleforbes House, Castleforbes Road, Dublin 1, or allinnovation@solas.ie

\*If signed by an organisation’s Accountable person – ‘I /my organisation declare(s) that I/we will not hold SOLAS liable in the event that funds are credited to an incorrect bank account from the information supplied above. I/my organisation also declare that funds lodged in error, where I/we are not the intended beneficiary will be returned to SOLAS’.