**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.

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| --- |
| **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): |  |

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|  **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’.