

**APPENDIX FOUR**

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| --- |
| Please tick if iProc set up needed: |
|  |

**Finance & Corporate Services – New Supplier Set up Form**

|  |  |
| --- | --- |
| Name of Company: |  |
| Payment Address: |  |
|  |  |
|  |  |
| Post Code: |  |
| Order Address (if different from above): |  |
|  |  |
|  |  |
| Post Code: |  |
| Contact Name: |  |
| Contact Tel. No.: |  |
| Email address for Orders: |  |
| Email address for Remittances: |  |
| VAT Registration No.: |  |
| UTR No.: |  |
| Company/Business Bank Account No.: |  |
| Bank Sort Code: |  |
| Name on Account: |  |
| Comments: |

**THIS SECTION MUST BE COMPLETED BY THE SUPPLIER COMPANY**

Name: ………………………………………………….. Signature: ………………………………………………...

Company Name: ……………………………………… Position in Company: …………………………………...

 Date: ………………………………………………………

**Supplier – please return to your engaging contact in Neath Port Talbot CBC (not the Payments Section).**

**NPTCBC Officer requesting supplier to be set up**

(This must be an officer who is authorised to sign invoice batch headers. Please note that this officer is not verifying that any of the details provided by the supplier are correct).

**I confirm that (for the provision of services) the supplier has been processed through the IR35 tool kit and is not in scope.**

Signature: …………………………………………… Print Name: ………………………………………………

Post Title: …………………………………………… Date: ………………………………………………………

Internal contact details: …………………………………………………………………………………………………….

**Please return to the Payments Section, Finance & Corporate Services, Room 110, Civic Centre, Port Talbot SA13 1PJ**

**Annex 3**

**Declaration:**

Please sign below to indicate that you agree to the following:

* I/we wish to be registered as a provider of the 30 hour childcare offer in Neath Port Talbot.
* I/we have read and understood the 30 hour childcare criteria and I/we meet all the eligibility requirements.
* I/we have read and agree with the Data Protection Statement and Welsh Governments Privacy Notice.
* I/we agree to meet all requirements set out in the Provider Guidance document.
* I/we agree to provide a copy of the contract between ourselves and any parent accessing the childcare offer.

Name of Childcare Provider (Business Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CIW Registration Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Authorising Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Signing / / .

Business Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Post Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return your agreement by post to:

**Childcare Offer Team,**

**NPT Family Information Service**

**Ffrwdwyllt House,**

**Commercial Rd,**

**Taibach,**

**Port Talbot**

**SA13 1PZ**

Or alternatively you can email childcareoffer@npt.gov.uk

