**Childcare Offer for Wales, NPT**

**Childcare Provider Sign-up and Payment Form**

|  |  |
| --- | --- |
| Name of Company: |  |
| CIW Registration Number: |  |
| 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**