|  |  |
| --- | --- |
| MOD_5115_AW | **DBS Finance PO BOX 46 Liverpool L69 2LT** |
|  |  |
|  |  | E-mail:  |
|  |  |
|  | Tel:      | Fax:      |
|  |
| Date:       | Our Ref:       | Your Ref:       |
|  |
| SUPPLIER APPLICATION FOR EMERGENCY PAYMENTS |
| **IMPORTANT:**This form is to be used only in an Emergency situation. You are not to use this form until advised by DBS Finance, Liverpool. Please complete Part 1 (boxes 1 to 8) and the certification that the information is correct. Return the form to the address shown above. |
| **PART 1** |  |
| 1. Supplier’s DAB10 Reference **(This must be completed)** |  |  |
|  |
| 2. Supplier Name |       |  |
|  |
| 3. Supplier Address(for correspondence) |       |  |
|  |       |  |
| Town |       |  |
| County |       |  |
| Postcode |       |  |
|  |
| 4. Supplier Code |   |   |   |   |   |  | 5. Site Code |   |   | **(This must be completed)** |
|  |
| 6. Value (Ex-VAT) |       | 7. VAT |       |  |
|  | 8. Total |       |  |
|  |
| **I certify that the above information is correct** |
|  |
|  | Signature |  | Date      |  | **COMPANY STAMP** |  |
|  |  |  |  |  |  |
|  | Position in Company      |  | Tel No.      |  |  |  |
|  |

|  |
| --- |
| **PARTS 2 & 3 (FOR DBS FINANCE USE ONLY)** |
|  |
| **PART 2A**  | **Checking & Authorisation** |
| Date claim received on EBAG |       |  |
|  |
| EBAG No | EP |  | Batch Number |       |       |       |       |       |  |
|  |
| LPC/Control Account: ZZZG80Z961 | RAC: EFA000 | UIN: D4922E |
|  |
| Posting Code: D | VAT Code: F1 | MODREF: EMP |
|  |
| Authorised by |       | Date |       |  |
|  |
|  |
| **PART 2B** | **Input/Punching** |
| Input by |       | Date |       |  |
|  |
|  |
| **PART 2C** | **Acceptance or Rejection (****[x]  where applicable)** |
|  |
|  | **Accepted** **[ ]**  |  | **Rejected** **[ ]**  |  |
|  |
| Acceptance/Rejection Date |       |  |
|  |
| **NOTE: Rejections to be investigated and re-input using a new Batch Number** |
|  |
| **PART 3** | **Re-input of rejections** |
| EBAG No |       | *(1,2,3 etc)* | Batch Number |       |       |       |       |       |  |
|  |
| Re-input by |       |  | Date |       |  |
|  |
| Acceptance/Rejection Date |       |  |
|  |
| **This claim MUST be filed with the original documentation in Batch Number order.** |