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| 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)** | | | | | | | | | | | | | | | | | | | |  | | |  | |
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| 2. Supplier Name | | |  | | | | | | | | | | | | | | | | | | | |  | |
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| 3. Supplier Address  (for correspondence) | | |  | | | | | | | | | | | | | | | | | | | |  | |
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| Town | | |  | | | | | | | | | | | | | | | | | | | |  | |
| County | | |  | | | | | | | | | | | | | | | | | | | |  | |
| Postcode | | |  | | | | | | | | | | | | | | | | | | | |  | |
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| 4. Supplier Code | | |  | |  | |  | | |  |  |  | 5. Site Code | | | | | |  | |  | **(This must be completed)** | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Value (Ex-VAT) | | |  | | | | | | | | | | 7. VAT | | |  | | | | | | | |  | |
|  | | | | | | | | | | | | | 8. Total | | |  | | | | | | | |  | |
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| **I certify that the above information is correct** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Signature | | | | |  | | Date | | | | | |  | **COMPANY STAMP** | | | | | | | |  | |
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|  | Position in Company | | | | |  | | Tel No. | | | | | |  |  | | | | | | | |  | |
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| **PARTS 2 & 3 (FOR DBS FINANCE USE ONLY)** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **PART 2A** | **Checking & Authorisation** | | | | | | | | | | | | | | | | | | | | | | | |
| Date claim received on EBAG | | | | | | | | |  | | | | | | | | | | | | | | |  |
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| EBAG No | EP | | | |  | | | | | Batch Number | | | |  |  | | |  | | | |  |  |  |
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| LPC/Control Account: ZZZG80Z961 | | | | | | | | | | RAC: EFA000 | | | UIN: D4922E | | | | | | | | | | | |
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| Posting Code: D | | | | | | | | | | VAT Code: F1 | | | MODREF: EMP | | | | | | | | | | | |
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| Authorised by | | | |  | | | | | | | | | | | | | Date | | | |  | | |  |
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| **PART 2B** | | **Input/Punching** | | | | | | | | | | | | | | | | | | | | | | |
| Input by | |  | | | | | | | | | | | | | | | Date | | | |  | | |  |
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| **PART 2C** | | **Acceptance or Rejection (** **where applicable)** | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | **Accepted** | | | |  | **Rejected** | | | | | | |  | | | | | |
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| Acceptance/Rejection Date | | | | | | | |  | | | | | | | | | | | |  | | | | |
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| **NOTE: Rejections to be investigated and re-input using a new Batch Number** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **PART 3** | | **Re-input of rejections** | | | | | | | | | | | | | | | | | | | | | | |
| EBAG No | |  | | | | *(1,2,3 etc)* | | | | Batch Number | | | |  |  | | |  | | | |  |  |  |
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| Re-input by | | |  | | | | | | | | | | | | |  | Date | | | |  | | |  |
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| Acceptance/Rejection Date | | | | | | | |  | | | | | | | | | | | | | | | |  |
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| **This claim MUST be filed with the original documentation in Batch Number order.** | | | | | | | | | | | | | | | | | | | | | | | | |