

SALARY DRAWDOWN FORM

Please read notes on next page to facilitate prompt payment

List of all individuals employed in the business in spaces provided below

Grantee Name:				Grant Ref:				
Employment List [See Note 1]		Employment Details					Name of replacement	Instalment now claimed
Name	Home Address	Personal Public Service Number [PPSN]	Age, under or over 25	Previously unemployed? [yes or no]	Date of 1st Wage/ Salary	Date of Leaving	[include also on employee list]	Write "1st", "2nd" or "None".
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

TOTAL: Number of instalments now claimed

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I confirm that I have complied with my data protection obligations in respect of the personal data submitted to the Local Enterprise Office and that I am entitled to disclose such personal data; and [b] that I will ensure that a copy of the data protection notice [available at www.localenterprise.ie/legal] is sent to data subjects [e.g. my employees] whose personal data has been provided to the Local Enterprise Office in respect of this claim.

NOTES

1. All persons employed, or who have been employed, full time in the business from the date of the offer letter should be listed for each claim, including jobs in existence prior to grant offer.
2. A copy of a current Tax-free Allowance Certificate/Official Tax deduction in respect of this employment must accompany this claim for each person listed, except those for whom a first instalment only has been claimed and those who have left employment.
3. PPSN No's must be included for each person listed above.
4. The grantee should enclose with this claim evidence of compliance with any special conditions specified in the letter of offer.