

## **Instructions:**

## To the Client:

The attached form is intended to be addressed **BY** your accountant **TO** the Local Enterprise Office South Dublin.

This form contains all the confirmations required by our drawdown procedures in every circumstance. Consequently, not all of them may apply to your case.

If you have any doubt regarding which parts of the form relate to your case, please contact the Local Enterprise Office South Dublin on 01 4149215 or info@leo.sdublincoco.ie

Please present this form to your accountant and ask him to perform the necessary checks and verification of your information.

When the form has been completed, stamped and signed by your accountant, please send it with your drawdown form and other relevant backup material to us at Local Enterprise Office South Dublin for processing. Relevant backup information may include:

- Quotations for purchases of goods and services.
- Original invoices marked "paid" (showing net-of-VAT amount)
- Bank / credit card statements supporting expenditure where relevant
- Tax deduction cards for supported employees (extracts from payroll systems may also assist)
- P35 forms
- Dept of Social & Family Affairs documentation relating to employment support
- Tax clearance certificates, unless LEO South Dublin funding will total less than €10,000.
- Lease documents relating to supported accommodation costs
- CRO and Revenue Commissioners' documents confirming registration.

To save your accountant's time, please fill in as much of the form as you can before handing it to him/her and provide all of the backup paperwork that verifies the information.

## To the Accountant:

The attached form is intended to be photocopied onto your letterhead. However, this is optional and your company stamp can be used instead.

Please verify the information on the attached form and additional backup materials provided to you by our client, so that you are in a position to confirm the relevant statements on the form.

Not all of the statements are relevant to every case so some sections of the form will not be completed.

N.B: Please tick *and initial* every statement that you are officially confirming and provide your name, the name of your accounting practice, your signature and the date at the end of the form. Please also stamp the form with your firm's official stamp – particularly if you have not used your letterhead.

Please return the form to the client, who will send it to us (with the backup documents) for processing

I refer to:							
Client name:							
Business Name:							
Business Address							
PPS/RSI number of the business	owner is:						
CRO number of the client company is:							
On the basis of the information presented to me, I confirm that:							
First Drawdown Claim (for businesses making their first claim to the Local Enterprise Office							
South Dublin):							
1	The above named sole trader/ Partnership / Limited Liability Company / Cooperative						
commenced trading or	commenced trading on (Please enter date):						
Г							
	The above named business is registered with the Revenue Commissioners for tax purposes						
in connection with the operation of the business.							
2 🗖 🏗	n and the state of the second	attender of a constant and a constant attended					
·	This accountancy/audit practice will undertake the completion of annual returns on behalf of the above business in due course						
4	4						
respect of PRSI and PAYE due by and on behalf of all employees.							
<b>5 0 -1</b> (11							
	s in respect of expenditure to be pa th Dublin have been paid and the o	•					
returned by LEO to the client if required).:  Use an additional sheet if more space is required							
Amount	Paid to:	In respect of (s/n were available)					

6 🗆	The following employ	vees (owner/promoter in	cluded) is/are eng	aged by the business and		
	are being paid wages	re being paid wages/salaries as listed below: Use an additional sheet if more space is required				
Name		Position/title Gr		ross Wage/Salary per ANNUM		
			l			
7 🗆		as leased premises to ac	commodate its op	erations and has entered		
	a lease as follows:	<u> </u>		Τ		
Addres	s of leased premises	Beginning and end da	tes of lease	Rent per ANNUM		
	l _,					
8 🗆		nas incurred the following				
	conducting research	concerned with a feasibi		•		
			1	I sheet if more space is required		
Cost Ca			Total Amount of	cost incurred		
	bour/time			_		
	Telephone costs Travel & Subsistence					
Secon	nd and Subsequend dand subsequent dropriate as well as S	rawdown claims sho	ould complete S	Sections 1 – 8 above		
9						
10 🗆	All PAYE and PRSI dedu		in respect of the gi	rant aided salaries of the		
Name o	of accountancy practice:					
Name o	of accountant:		Sta	mp of Accountancy firm here		
Signatu	ıre:					
Date:						