

## Request for access to Department of Agriculture, Food & the Marine's Financial Self-Services System

Please note that this form is only suitable for companies that have a financial role with the Department. If you need online access for other purposes please complete *Form SSO-INTERM1*.

### To Be Completed by Company Administrator/Financial Controller

The **Financial Self Services** system is accessible through the Department's **Agfood Services** web portal.

Employee/s of your company may already have access to **Agfood Services** for other Department systems. For these employee/s, if you wish to have their access extended to the **Financial Self Services** system, please include their existing **Agfood Services** username (e.g. *AGRnnnn*) in Column (A) in the table in section 2 below.

For new nominations please complete all requested details in Columns (B) to (E) in the table in section 2 below. These employees will be provided with access to **Agfood Services** for the **Financial Self Services** system.

#### 1. Company Information:

**Companies Registration Office Number:** \_\_\_\_\_

**Value Added Tax Number:** \_\_\_\_\_

**Department Business ID:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Email Address (for Invoice Notification):** \_\_\_\_\_

#### 2. Nominated employees for access to the Financial Self Services System:

I confirm that the Company details in section 1 above are correct.

I \_\_\_\_\_ hereby apply for access, for the person/s nominated below, to the Department of Agriculture, Food & the Marine's 'Financial Self-Services' system.

(A) Existing Agfood Services username <i>(if applicable)</i>	(B) Forename	(C) Surname	(D) Email address	(E) Employee Number

#### 3. Company Administrator Declaration:

*I understand, in making this nomination, that the nominee/s will be granted access to financial data (amounts payable & receivable) in relation to this Company's dealings with the Department of Agriculture, Food & the Marine.*

*I acknowledge that the data contained in this application form is confidential, and the data available in the Financial Self-services System is covered by the Data protection Acts 1998 and 2003. I undertake to inform the Department if the applicant no longer requires access or leaves the Company.*

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Contact Telephone:** \_\_\_\_\_ **Position:** \_\_\_\_\_

Please return completed form to: **Financial Self-Services Help Desk, Accounts Section, Department of Agriculture, Food & the Marine, Farnham Street, Cavan.**