|  |  |  |
| --- | --- | --- |
|  |  |  |



**Supplier Set up Request Form**

*Section A To be completed by Longford County Council Staff*

Tick Appropriate box Setup Amend - enter supplier ID

|  |  |  |
| --- | --- | --- |
| 1 = Trade Supplier | 2= Expenses (Staff) | 3=Higher Education Grants |
| 4=Other Grants eg Housing/Amenity | 5=Other Local Authorities | 6=Revenue Commissioners |
| 7= Other Payroll Deductions | 8=Superannuation Award | 9=Housing Loans |
| 10=Members | 11=RAS Landlords | 12=Local Enterprise Office |
| 13=Refunds |  |  |

Please indicate category of supplier

***NB This box must be completed***

Supplier set up requested by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Section:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Section B To be completed by Grant recipient (Supplier)***

|  |  |
| --- | --- |
| Supplier Name |  |
| Supplier Address |  |
| Eircode / Postal Code |  |
| Phone Number |  |
| Email Address for Remittances |  |
| Tax Reference Number / PPS Number \* |  |
| Credit Union / Bank Name & Address |  |
| Bank Account Number |  |
| Bank Sort Code |  |
| Credit Union Account Number (if applicable) |  |
| IBAN |  |
| BIC |  |
|  |  |
| I authorise the use of Electronic Funds Transfer for payments into the account above. |  |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A copy of the top of your bank statement showing your name and account number must be submitted

Please sign this form as typed signatures will not be accepted; you can sign and scan.

Please note if there are any changes in the details above you must notify Longford County Council in writing by email to AccountsPayable2@longfordcoco.ie or by post to Accounts Payable, Longford County Council, Great Water Street, Longford N39NH56.

|  |  |
| --- | --- |
| Supplier ID |  |
|  |
| *Official Use Only* |  |

**Check List: Please √**

|  |  |
| --- | --- |
| **Form Completed** |  |
| **Form Signed** |  |
| **Bank Statement Attached** |  |

*\* Please note your PPSN/ TRN is required by LCC to verify tax clearance status if applicable and will also be used when submitting returns to Revenue as required*