

SECTION A - To be completed by Section requesting set up

Please indicate Reason for Payment To Supplier:
E.G. Purchase of goods, Payment of Grant etc
N.B. This box must be completed

Commercial Incentive Scheme

Customer No. (If Applicable) _____ (office use)

If a Trade Supplier please tick appropriate box

<input type="checkbox"/> Sub-Contractor (CT)	<input type="checkbox"/> Withholding Payment Supplier (WH)	<input checked="" type="checkbox"/> Normal Payment Supplier
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Tax Clearance Cert Requested: Yes Tax Clearance Cert must be requested from any supplier who will be paid more than €10,000 in a twelve month period (not a calendar year)

REQUESTED BY: Kathleen Prendergast
(Please Print Name)

SECTION: Community & Economic Development

SECTION B - To be completed by Supplier

Supplier Name:			
Supplier Address			
Contact Name			
Phone Nos:	Land Line:	Mobile:	Fax:
E-mail address:		Website	
<i>Mandatory Field one value must be entered:</i>			
Vat Reg No/PPSN No:		Company Reg No:	
Company Bank Name			
Bank Address			
Name of Account Holder			
Bank Account Number (8 digits) Mandatory			
Bank IBAN Number (Mandatory)			
Bank BIC Number (Mandatory)			
Bank Sort Code (6 digits) Mandatory			
I confirm that the above details are correct			
Supplier Signature:			
Print Name of above signature			
Dated			
Position / Title in Company			
Company Stamp / Seal			

ONCE BOTH SECTIONS A & B ARE COMPLETED, PLEASE RETURN THIS FORM TO:-

Aggresso Maintenance, Finance Section, Tipperary County Council, Civic Offices, Limerick Road, Nenagh, Co. Tipperary

For Office Use only	Updated & Verified on IPSO Website by:	Date
	Checked by:	Date