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| ***SECTION A*** | | | *Section A to be completed by person in  Tipperary County Council requesting set up* | | |
| **Indicate Purpose of Form**  *New Supplier Request* ***or*** *Amendment To Existing Supplier* | | | | **New Supplier Setup Request** | |
| **If Amendment is Required** | Input existing supplier number | | | Enter Supplier Number**.** | |
| Indicate reason for amendment,  e.g new bank details, address etc. | | | Reason for Amendment | |
| **If New Supplier** | Outline nature of payment to the supplier. | | | **Customer Vacany Incentive Scheme Grant** | |
| **Do you require tax clearance to be updated for the supplier**  *i.e. are you paying >10K in a 12 month period*. (Yes / No) | | | | | **NO** |
| **Requested by:** (Print Name and Section) | | Donough Leahy C&E | | | |

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| --- | --- | --- | --- |
| ***SECTION B*** | | ***All boxes in Section B to be completed  by Supplier or Grant Recipient*** | |
| **Supplier Name** | | Supplier Name | |
| **Supplier Address** | | Address Line 1 Address Line 2 – [if you have a long address enter commas and Address Line 3 2 address lines on one row instead of a new line] Address Line 4 | |
| **Phone Nos.** (Input landline and/or mobile) | | Telephone and/or Mobile Number | |
| **E-mail Address** | (Payment advice will be emailed to this email address) | Email Address | |
| **Tax number –** (can be Vat No. or PPSN) | | VAT Number or PPSN | |
| **Payee banking details.**  **Please ATTACH a Bank Statement Header document to this form displaying your Account Name and BIC & IBAN numbers.**  **Note:** **1.** The bank account name must be in the same name as your company or your own name if a non-company type payee.  **2.** Tipperary County Council’s payment to you will be lodged directly into your bank account and a payment advice regarding same will issue to your email address provided above. | | | |
| **I confirm that the above details are correct** **Supplier Signature** | | | Sign form |
| Print Name of above signature | | | Print Name of above signature |
| Dated | | | Click here to enter a date |
| Position / Title in Company | | | Position / Title |
| Company Stamp (if applicable) | | | Company Stamp |

**Once Both Sections A & B are Completed, Please Return this Form along with Bank Statement Header Document:-**

* **By post to:** Accounts Payable, Tipperary County Council, Civic Offices, Limerick Road, Nenagh, Co. Tipperary, E45 A099. **OR**
* **By email** **to:** [**accountspayable@tipperarycoco.ie**](mailto:accountspayable@tipperarycoco.ie)

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| **For OFFICE USE ONLY – To be Completed by Tipperary County Council, Accounts Payable** | | | | |
| Tax system to apply (WH, CT, RA, none) | |  | | |
| Supplier group to apply (Trade / expenses/ grant, landlord etc) | |  | | |
| Initial to ensure IBAN bank header is attached and matches to supplier name | | | |  |
| Form vetted by (AP staff member) |  | | | |
|  |  | | | |
| Supplier set up by: (AP staff member) | | | Date: | |
| Set up checked by: (AP staff member) | | | Date: | |