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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 1Address Line 2 – [if you have a long address enter commas andAddress 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**

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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: |