## SUPPLIER SET-UP REQUEST FORM Page 1 August 2018

| 1. Request Type   | Supplier Set 1  | up/Amendment   | Supplier   | Туре  |                                   |
|---|---|--|--|---|-----------------------------------|
| 3. Supplier Details   | Name  |  |  |   | _                                 |
|   | Address   |  |  |   |                                   |
| where a copy ban  | ık statement i  |  |  | holder and Account Numered below are correct.   | ber                               |
| 5. Bank Details:  | Name & Add  | dress of Bank  |  |   |                                   |
| IB  | AN No:  |  |  |   |                                   |
| ВІ  | C No:   |  |  |   |                                   |
| Ac  | count Name  | :  |  |   |                                   |
| TAX Registration Enter Tax Registration This is OBLIGATORY                                | No:   | Tax No Tax Reference Number  |  | TCAN Tax Clearance Access Num   | ber                               |
| Please Tick Tax   | Reg Type  | VAT<br>CHY   |  | PPSN<br>NON ROI   |                                   |
| Invoice Acceptance A an Chontae, Portlaoise   | rrangements:  | All invoices should be   | addressed to Acco  | ourchase order is approved<br>ounts Payable, Laois County<br>e quoting the relevant Purch   | y Council, Aras                   |
| Number.   | 1110 1  | 0.1 1 311  |  |   |                                   |
| I understand that by<br>accordance with the<br>disclose personal da<br>committed to prote | v signing this for the second | fits functions and its lateral at are necessary for the acy of personal data a | uncil will obtain<br>egal obligations<br>ne purpose(s) fo<br>and will at all tin | and process personal dat<br>Laois County Council wi<br>or which it is collected. Th<br>nes comply with Data Pro<br>ata Protection Regulation. | ill only use and<br>ne Council is |
| Signed (Supplier)   |   |  | Da <sup>-</sup>  | te  |                                   |
| This must be sig  | gned and ret  | urned to Accounts P  | ayable. Incomp   | plete Forms will be retur   | ned.                              |
| SECTION REQUESTING  | STIPPI IFR TO   | O BE SET UP  |  |   |                                   |

## **Check List for Office Use Only**

| T) (        | •  | $\alpha$ | Ω  | a .   |     |
|-------------|----|----------|----|-------|-----|
| Procurement | Λt | Shoot 1  | Xτ | Servi | CAC |
|             |    |          |    |       |     |

| •             | a current Tax Clearance Access No (TCAN)           |         | * **                                  | cil reac | h or exceed €10,000 |
|---------------|--|---------|---------------------------------------|----------|---------------------|
| (including VA | T) within any 12 month period - Attac              | ched    | YES □ NO □                            |          |                     |
| Sub Contra    | ctors - starting a New Relevant Contra             | ict:    |                                       |          |                     |
| You require a | current Tax Clearance Access No (TCAN) or SS No NO | · Sub c | ontractors Notification of Determinat | ion.     |                     |
| Supplier Ty   | ype  |         |                                       |          |                     |
|               | Expenses (Staff/Member/Other)                      |         | RAS, SHLS                             |          |                     |
|               | Housing Loan                                       |         | Trade Supplier                        | ·        |                     |

## 3. <u>Trade Supplier Type</u>

If a Trade Supplier please Indicate

Grant (Housing/Amenity etc.)

| Sub-Contractor          |  |  |
|-------------------------|--|--|
| Witholding Tax Supplier |  |  |
| Other Supplier          |  |  |

Is this a once off payment?