

**1. Request Type**

Supplier Set up/Amendment
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Supplier Type (please tick which applies)

Expenses (Staff/Member/Other)		RAS, SHLS	
Housing Loan		Trade Supplier	
Grant (Housing/Amenity etc.)		Refund	

**2. Trade Supplier Type** (please tick which applies)

If a Trade Supplier, please indicate

Sub-Contractor	
Withholding Tax Supplier	
Other Supplier	

**3. Supplier Details** Name \_\_\_\_\_

Address \_\_\_\_\_

**E-mail for remittance & Contact phone number** \_\_\_\_\_

Where a copy bank statement is not submitted (i.e. Name of Account Holder and Account Number only) the onus is on the supplier to ensure that the bank details entered below are correct.

**4. Bank Details: Name & Address of Bank**

IBAN No:  BIC No:  Account Name:	
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<b>TAX Registration No:</b> Enter Tax Registration No: This is <b>OBLIGATORY</b> <b>Please Tick Tax Reg Type</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"><b>Tax No</b></td> <td style="width: 50%; padding: 2px;"><b>TCAN</b></td> </tr> <tr> <td style="font-size: small; padding: 2px;">Tax Reference Number</td> <td style="font-size: small; padding: 2px;">Tax Clearance Access Number</td> </tr> </table>	<b>Tax No</b>	<b>TCAN</b>	Tax Reference Number	Tax Clearance Access Number
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**Note: Goods should not be ordered until the Supplier is set up and the purchase order is approved.**

**Procurement of Goods & Services:**

You require a current Tax Clearance Access No (TCAN) if the value of your supplies to the Council reach or exceed €10,000(including VAT) within any 12 month period - Attached YES  NO

**Sub Contractors - starting a New Relevant Contract:**

You require a current Tax Clearance Access No (TCAN) or Sub contractors Notification of Determination. Attached YES  NO

Invoice Acceptance Arrangements: All invoices should be addressed to Accounts Payable, Laois County Council, Aras an Chontae, Portlaoise, Co. Laois or emailed to [accountspayable@laoiscoco.ie](mailto:accountspayable@laoiscoco.ie) quoting the relevant Purchase Order Number.

Invoices not quoting a valid Purchase Order number will be returned.

I understand that by signing this form Laois County Council will obtain and process personal data in accordance with the fulfilment of its functions and its legal obligations. Laois County Council will only use and disclose personal data in ways that are necessary for the purpose(s) for which it is collected. The Council is committed to protecting the privacy of personal data and will at all times comply with Data Protection

**Signed (Supplier) \_**

**Date \_**

**This must be signed and returned to Accounts Payable. Incomplete Forms will be returned**

SECTION REQUESTING SUPPLIER TO BE SET UP \_\_\_\_\_