

**Supplier Set Up/Amendment  
 Request Form**

*Section A to be completed by Supplier*

Supplier Name	
Supplier Address	
Eircode/Postal Code	
Phone Number	
Email Address for Remittances	
Tax Reference Number/PPSN*	
<i>*Please note your PPSN/ TRN is required to verify tax clearance status if applicable and will be used when submitting returns to Revenue</i>	
Bank / CU Name & Address	
IBAN	
BIC	

**A copy of the top of your bank statement showing your name, IBAN & BIC must be submitted**

If you are a Trade Supplier providing a service for LCC have you completed the H&S Prequalification Questionnaire? (Answer Y or N)	
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*I authorise the use of Electronic Funds Transfer for payments into the account above.*

Signed \_\_\_\_\_ Dated \_\_\_\_\_

Please ensure that 1. Section A has been completed 2. Bank Statement is attached

Please notify Longford County Council of changes in writing by email to [accountspayable2@longfordcoco.ie](mailto:accountspayable2@longfordcoco.ie) or by post

*Section B To be completed by LCC Section requesting Set-up/Amendment*

Tick Appropriate box	<input type="checkbox"/> Setup New Supplier	<input type="checkbox"/> Amend Existing Supplier	Supplier ID																
Please indicate category of supplier	<table border="1"> <thead> <tr> <th colspan="3">Supplier Categories</th> </tr> </thead> <tbody> <tr> <td>1 = Trade Supplier</td> <td>2 = Expenses (Staff)</td> <td>4 = Other Grants</td> </tr> <tr> <td>5 = Other LA</td> <td>6 = Revenue</td> <td>7 = Other Payroll Ded</td> </tr> <tr> <td>8 = Superannuation</td> <td>9 = Housing Loans</td> <td>10 = Members</td> </tr> <tr> <td>11 = RAS/SCH LL's</td> <td>12 = LEO (Grants)</td> <td>13 = Refunds</td> </tr> </tbody> </table>				Supplier Categories			1 = Trade Supplier	2 = Expenses (Staff)	4 = Other Grants	5 = Other LA	6 = Revenue	7 = Other Payroll Ded	8 = Superannuation	9 = Housing Loans	10 = Members	11 = RAS/SCH LL's	12 = LEO (Grants)	13 = Refunds
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Requested by	_____																		
Section	_____																		

**Revenue Five Step Decision Framework Analysis & Status Confirmed**

Question	Y/N	Explanation
1. Is there a Work/wage bargain		
2. Personal Service – can or cannot substitute		
3. Control – what, how, where & when		
<i>If the answer to any of the above is "N" - no need to proceed any further. If the answer to all three questions is "Y", proceed to 4 &amp; 5.</i>		
4. All the circumstances of the employment; factual reality on the ground - please give details		
5. Legislative context – is there any legislative regime in place		

*If, following the above determination, you consider this to be a contract of service please consult HR otherwise forward to Accounts Payable.*

As per Revenue Guidelines - transactions for this supplier may be a combination of 'of service' (Payroll) and 'for service' (Supplier) Y/N

Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

*Section C To be completed by Accounts Payable*

Details Confirmed	<input type="checkbox"/>	_____
Bank Details amended?	<input type="checkbox"/>	Authorised _____