Supplier Set Up/Amendment Request Form

Section A to be completed by Supplier

Personal/Company Details

Supplier Name	
Supplier Address	
Eircode/Postal Code	
Phone Number	
Email Address for Remittances	
Tax Reference Number/PPSN*	

**Please note your PPSN/ TRN is required to verify tax clearance status if applicable and will be used when submitting returns to Revenue*

Bank Details

Bank / CU Name & Address	
IBAN	
BIC	

A copy of the top of your bank statement showing your name, IBAN & BIC must be submitted with this form before any payment can be made

If your bank account changes after submission of this form please email accountspayable2@longfordcoco.ie immediately

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 note - you will be contacted by a member of the Accounts Payable team to confirm details

If you are a Trade Supplier providing a service have you completed the H&S Prequalification Questionnaire? (Y or N)	

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

Tick Appropriate box ☐ Setup New Supplier ☐ Amend Existing Supplier **Supplier ID** _____

Please indicate category of supplier _____

Requested by _____

Section _____

REV5 Reference _____

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

Section C To be completed by Accounts Payable

Details Confirmed ☐ _____

Bank Detail Amendment ☐ Authorised _____