



# SUPPLIER SET UP/AMEND FORM

**NOTE:**

Part 1: To be completed by Company/Individual/Organisation

Part 2: Only to be completed by relevant point of contact/Department of Leitrim County Council

<b>PART 1 COMPANY/INDIVIDUAL/ORGANISATION DETAILS</b>	
SUPPLIER NAME:	
ADDRESS:	
EIR CODE:	
EMAIL ADDRESS:	
CONTACT TELEPHONE NO:	
PPS NUMBER:	
VAT NO/TAX REF NO:	
COMPANY REGISTRATION NO:	
CHARITABLE STATUS NO:	
NAME OF BANK:	
ADDRESS OF BANK:	
CURRENT ACCOUNT NAME: <b>*Please attach copy of your Bank Statement Header dated within last 6 months – which confirms your details.</b>	
CURRENT ACCOUNT NO:	
BANK SORT CODE NO:	
IBAN:	
BIC:	
SUPPLIER'S AUTHORISED SIGNATORY: _____ POSITION HELD: _____	
Please return this form together with a copy of your <b>Bank Statement Header</b> to the Relevant Point of Contact/Department within Leitrim County Council.	

<b>PART 2: ONLY TO BE COMPLETED BY RELEVANT POINT OF CONTACT/DEPARTMENT WITHIN LEITRIM COUNTY COUNCIL</b>	
Requested by: _____	Department: _____ Date: _____
Name of Staff Member	
<i>Be aware that fraudsters may attempt to use this document as an opportunity to re-direct payments to scam accounts. Please remember to verbally verify any requests to set up or change account details on a known and trusted contact number.</i>	
Authorisation by Head of Department:	
I _____ (Name) _____ (Position), hereby confirm that the above SUPPLIER BANK DETAILS have been VERBALLY VERIFIED WITH THE SUPPLIER and authorise that this Supplier' details be set up/amended on Agresso for payment per details provided above.	