



## Comhairle Cathrach na Gaillimhe Galway City Council

### Re: New Supplier Set-Up

A Chara,

As a new supplier to Galway City Council, you must complete Galway City Council's Supplier Set up Form.

All new suppliers are paid by Electronic Fund Transfer and you must therefore submit your bank account details to facilitate payment. These details must be authorised by the Company Director/Financial Controller and returned directly to:

**Finance Section, Galway City Council, City Hall, College Road, Galway**

**Email to: [accountspayable@galwaycity.ie](mailto:accountspayable@galwaycity.ie)**

#### Additional Requirements:

- If you are a construction company and Relevant Contract Tax applies to the work you must also complete and return a **Galway City Council RCT Declaration Form**.  
See <http://www.galwaycity.ie/supplier-goods-services-information/application-forms/>
- All companies/ individuals receiving payment from a Local Authority must have a valid Tax Clearance Certificate. If total payments reach the €10,000 threshold within a rolling 12 month period, payments cannot be made until a valid Certificate is received.
- All payments to suppliers for professional services e.g. legal, engineering, consultancy, etc are subject to Professional Services Withholding Tax.

Please note that no order can be placed or no payment can be made for goods/services to a new supplier until the relevant tax and bank details are received by our Accounts Payable office.

Invoices must be submitted directly to our Accounts Payable office and a Purchase Order Number must be quoted on the Invoice.

Mise le meas,

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**N. Moggan,**  
**A/Head of Finance.**



**SUPPLIER SET UP APPLICATION FORM**

**PART A – SUPPLIER DETAILS**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

COMPANY REGISTRATION NO: \_\_\_\_\_ TAX REFERENCE NO: \_\_\_\_\_  
CHARITY NO: \_\_\_\_\_ (if applicable) VAT OR PPS NUMBER REQUIRED

**NOTE:** SUPPLIERS TAX REFERENCE NUMBER REQUIRED FOR VAT REGISTERED SUPPLIERS. SUPPLIERS PPS NO. REQUIRED IF NOT VAT REGISTERED. (AS PER STATUTORY INSTRUMENT NO. 273 2011)

Contact Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Fax No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Email Address: \_\_\_\_\_ cc: [accountspayable@galwaycity.ie](mailto:accountspayable@galwaycity.ie)  
Remittance advice will be issued to this email address

**PART B – SUPPLIER TYPE – Please tick**

TRADE SUPPLIER: ☐ PROFESSIONAL SERVICES: ☐ GRANT RECIPIENT: ☐ RAS/LTL: ☐ REFUND: ☐

SUB CONTRACTOR. ☐ Does Relevant Contract Tax (RCT) apply to the Contract? (Yes/No) \_\_\_\_\_

IF RCT APPLIES TO WORK AN RCT DECLARATION FORM MUST BE COMPLETED

SEE <http://www.galwaycity.ie/supplier-goods-services-information/application-forms/>

CONTACT NAME & DEPARTMENT: \_\_\_\_\_

(i.e. Name of City Council Employee & Department to which goods/services will be supplied)

NATURE OF GOODS/SERVICES BEING SUPPLIED: \_\_\_\_\_

**PART C - BANK DETAILS**

**ALL SUPPLIERS MUST SUBMIT BANK ACCOUNT DETAILS FOR DIRECT PAYMENT BY GALWAY CITY COUNCIL. ALL PAYMENTS WILL BE ISSUED IN EURO.**

- PLEASE PROVIDE A COPY OF BANK HEADER STATEMENT SHOWING BANK ACCOUNT NAME, ACCOUNT NUMBER, SORT CODE & IBAN.

Name of Bank Account Holder : \_\_\_\_\_

Name and Address of Bank: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_ Sort Code: \_\_\_\_\_

BIC/SWIFT CODE: \_\_\_\_\_ IBAN: \_\_\_\_\_

Authorised by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Name of Director/Financial Controller)

**IMPORTANT NOTES**

- COPY OF COMPANY HEADED PAPER MUST BE ATTACHED TO THIS APPLICATION
- RCT DECLARATION FORM MUST BE COMPLETED AND ATTACHED IF RCT APPLIES

COMPLETED FORMS SHOULD BE RETURNED TO:

FINANCE SECTION, GALWAY CITY COUNCIL, CITY HALL, COLLEGE ROAD, GALWAY.

[Email to:accountspayable@galwaycity.ie](mailto:accountspayable@galwaycity.ie)

INCOMPLETE FORMS CANNOT BE PROCESSED AND WILL BE RETURNED TO SUPPLIER FOR COMPLETION

**PART D – FOR OFFICE USE ONLY**

SUPPLIER ID: \_\_\_\_\_ SUPPLIER GROUP: \_\_\_\_\_ TAXCLEAR REL: \_\_\_\_\_

ENTERED BY: \_\_\_\_\_ VERIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_