

Local Enterprise Office
Enterprise Fund Business Centre

Ballyraine, Letterkenny Co. Donegal, F92 HP64 **T** 074 9160735

E info@leo.donegalcoco.ie

W localenterprise.ie/donegal

SUPPLIER SET/AMENDMENT FORM

This form is to be used when requesting or amending a supplier number. If requesting a new supplier number, all sections must be completed when request is submitted to Finance, otherwise form will be returned. If amending a Supplier's Details, please only fill in the details to be changed.

Please Note that forms will be returned by finance unless all Mandatory fields are completed.

PLEASE E-MAIL SUPPLIER SET UP FORMS TO GRAINNE CAMPBELL

P / AMENDMENT ier ID (Finance only, if new)	SET UP
ier Name (Mandatory)	
ESS	
ct Person (If available)	
ss (Mandatory)	
none (Mandatory)	
f available)	
l (If available)	
ACCOUNT DETAILS STAFF ONLY	
	ratement header showing account holder, name, address BIC & IBAN and rovide email address for remittances. SEE EXAMPLE ON NEXT PAGE.
CE	
any Reg. No. (Mandatory)	
eg. No. (If not registered PPS must be given)	
ent Terms (Other than 30 days)	
ncy (Other than €)	
LIER GROUP	TAX CATEGORY
ruction/Subcontractors - Complete Part B	Construction Tax -Complete Part B
er Supplier: e explain in detail the nature of the supplier	
ested by:	
on:	

Oifig Fiontair Áitiúil **Dún na nGall**

Local Enterprise Office **Donegal**









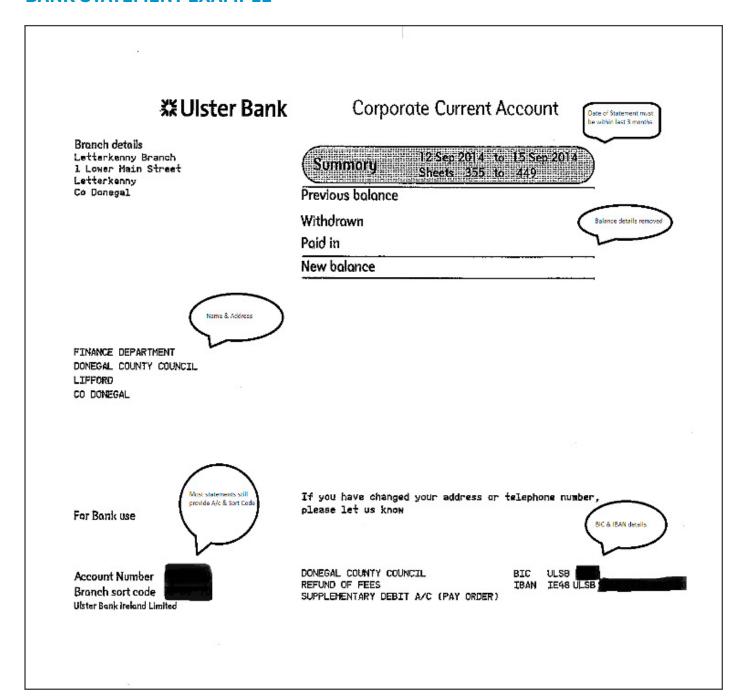
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BANK STATEMENT EXAMPLE



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