



PART A – APPLICANT DETAILS

*****ALL QUESTIONS MUST BE COMPLETED*****

Please complete all Fields in BLOCKS

PLEASE TICK ONE:

New:

Amendment:

Individual/Company Name:

Address:

EIRCODE:

PART B – NATURE OF PAYMENTS (Tick relevant option ✓)

Trade Supplier

Grant Recipient

Subcontractor/ RCT

Refund

Professional Service Provider

Other (please specify)

Description/Nature of Goods/Service being supplier:

N.B. Contact Name and Department in Galway City Council that you are dealing with:

Tax Reference Number:
(PPS or VAT number)

CRO/Charity No:
(if applicable)

Email for EFT Remittances:

Telephone Number:

PART C - BANK DETAILS - **EURO PAYMENTS**

Individual/Company Name &
Address on Bank Account:

Branch Name & Address:

Bank Account IBAN:

Bank Account BIC:

Evidence of the above bank account must be provided as follows:

- Copy of Recent (**within the last 3 months**) Bank Account Statement Header (Omit Transaction details)
- Statement Included:
- Bank Header must have account holders name/address/Bank IBAN and BIC all on 1 page

PART D – AUTHORISATION BY SUPPLIER

Authorised by: (Name of
Individual/Owner/Director):

Position in Business/Individual Signature:
(**must be hand signed**)

Date:

**Please return completed and signed form by email to suppliersetup@galwaycity.ie or, by post to Supplier Set
Ups, Finance Section, Galway City Council, City Hall, College Road, Galway H91 X4K8
For assistance with completion of this form, please contact the Section of Galway City Council that you are
dealing with (Part B above)**

Data Protection Declaration

Galway City Council process all personal data in accordance with the Data Protection Acts, 1988 to 2018, as amended & pursuant to the GDPR regulations 2018. By submitting your personal data, this data will be stored electronically & only used for the purposes that you consented for in this form. If it is used for other purposes, GCC will obtain your consent for same. You can invoke your GDPR rights e.g., rights of access, rectification, erasure & withdrawal of consent. This data will be retained for a period of 7-years from the last date a claim is made.

PART E - FOR OFFICE USE ONLY

Supplier ID:	Supplier Group:
Bank Evidence Provided <input type="checkbox"/>	
Set up by:	Date:
Verified by:	Date: