

SUPPLIER SET UP FORM

Please return completed form together with a Bank Header from your Bank Account to accounts@ria.ie.

|  |  |
| --- | --- |
| SUPPLIER DETAILS | BLOCK CAPITALS |
| Supplier Name |  |
| Address Line 1 |  |
| Address Line 2 |  |
| Address Line 3 |  |
| Contact Name |  |
| Contact Phone No. |  |
| Company Reg No (If applicable) |  |
| VAT Reg No and/or PPSN/Tax Registration No. |  |
| Email address (for Remittance Purposes) |  |
| BANK ACCOUNT DETAILS  |  |
| Name of Bank /Branch |  |
| Bank Address Line 1 |  |
| Bank Address Line 2 |  |
| Bank Address Line 3  |  |
| Bank Address Line 4 |  |
| Bank Account Name: (Block Capitals) |  |

Bank Sort Code:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **-** |  |  | **-** |  |  |

Bank Account Number:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

IBAN Number

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

BIC Number:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |

Supplier Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position within Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Internal Use Only:

Supplier Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and details of when Bank Account Details checked in phone call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_