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| English version (240px width png) Colour | | ***NEW SUPPLIER SETUP FORM*** | | | | | | | | | | | |
| **ALL PART A TO BE COMPLETED IN TYPEFACE ONLY** | | | | | | | | | | | | | |
| **PART A: Supplier Information** | | | | | | | | | | | | | |
| **Supplier Name** | |  | | | | | | | | | | | |
| **Supplier Address** | |  | | | | | | | | | | | |
| **Supplier Registration No.** | |  | | | | | | **Tax Ref No** | | |  | | |
| **If no VAT number, please explain why unregistered** | | |  | | | | | | | | | | |
| **Type of Supplier Please √** | | **🞏 Incorporated 🞏 Partnership 🞏 Sole Trader 🞏 Other  If other please detail:** | | | | | | | | | | | |
| **Supplier Classification** | | **Works 🞏 Service 🞏 Supply 🞏** | | | | | | | | | | | |
| **Supplier Contact Name** | |  | | | | | **Job Title** | |  | | | | |
| **Phone No.** | |  | | | | | **Mobile** | |  | | | | |
| **Accounts Contact Email Address** | |  | | | | | | | | | | | |
| **Remittance Advice Email Address** | |  | | | | | | | | | | | |
| **Nature of Goods or Services Supplied** | |  | | | | | | | | | | | |
| **Completed By** | | **(PRINT NAME)** | | | | | | | | | | | |
| **Individuals/Sole Traders** | | | | | | | | | | | | | |
| **Individual/Sole Trader Name** | |  | | | | | | | | | | | |
| **Individual/Sole Trader Address** | |  | | | | | | | | | | | |
| **PPS No.** | |  | | | | | **Tel No.** | | | | | |  |
| **Email Address** | |  | | | | | | | | | | | |
| **Have you been an employee of NUI Galway previously?** | | **Yes 🞏 No 🞏** | | | **If Yes, please provide Staff ID:** | | | | | | |  | |
| **NUI Galway must report to Revenue on all payments made to individuals/sole traders.**  **To support this, please provide the following evidence to confirm your operating status:**   1. **Business Stationery** 2. **Business Website** 3. **Letter from accountant confirming own business and NUI Galway is one of many clients** 4. **Letter confirming insurances are in place** | | | | | | | | | | | | | |
| **Bank Details** | | | | | | | | | | | | | |
| **Name and Address of Bank** |  | | | | | | | | | | | | |
| **Bank Account Name** |  | | | | | | | | | | | | |
| **Bank Account Number** |  | | | | | **BIC/SWIFT Code** | | | |  | | | |
| **Sort Code/Routing Number** |  | | | | | **IBAN** | | | |  | | | |
| **Trading/Invoicing Currency** |  | | | **Note University’s finance system can only support Eur/Stg/USD** | | | | | | | | | |
| **Irish Tax Clearance – Mandatory for cumulative spend exceeding €10,000 in a year** | | | | | | | | | | | | | |
| ***Please return your IRISH Tax Clearance Certificate details or C2/C46 with this form\** Tax Clearance Expiry Date: Revenue Access Code for verification:**  *Suppliers should consult* [*www.revenue.ie*](http://www.revenue.ie) *for further information.* | | | | | | | | | | | | | |

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| **Part B: Insurance Requirements – MANDATOR**Y |
| **Suppliers must include details of current Insurance Cover:**  **Employers Liability €  Public Liability € Product Liability €  Professional Indemnity €**  **Please note as a public sector organisation, the following insurance cover is required:**  **Up to €25,000:** Employers Liability €13m, Public/Product Liability €2.6m, Professional Indemnity €1m  **€25,000 to €209,000:** Employers Liability €13m, Public/Product Liability €2.6m, Professional Indemnity €1.3m  **€209,000 +:** Employers Liability €13m, Public/Product Liability €6.5m, Professional Indemnity €1.3m  **Where insurance presented does not meet the University’s requirements above, these will be reviewed by the University’s Internal Audit & Risk unit. Internal Audit will then revert with their recommendations. Please note this may cause delays in the Supplier Setup Process.**  **Insurance Cover Types** Employers Liability Employer’s Liability Insurance indemnifies the supplier against damages and costs awarded to an employee, where legal liability has been established for any injury, disease, sickness or fatality arising out of, or in the course of employment by the supplier. For legal liability to be established, omission, negligence or breach of statutory duty of some kind must be proved.Public Liability Public Liability insurance indemnifies against damages and costs where legal liability for injury to third parties or damage to their property has been established, arising out of the supplier's activities. Omission or negligence of some kind must be proved for legal liability to be established. **Product Liability Insurance**  Product Liability Insurance provides cover in respect of legal liability leading to injury, loss or damage arising from products sold or supplied, or work or services which the supplier has undertaken in the course of their business up to the selected amount of cover during any one period of insurance.   Goods are defined as “any goods or products sold, supplied, erected, repaired, altered, treated or installed by the insured in the course of the business”  **Professional Indemnity**  Professional Indemnity covers claims arising from a negligent act error or omission in the course of a professional service, provided for a fee. |

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| **PART C: NUIG Budget Holder (All Questions are Mandatory)** | | | | | | | | | | | |
| **ALL PART C TO BE COMPLETED IN TYPEFACE ONLY** | | | | | | | | | | | |
| **Supplier Name (taken from Part A)** | | |  | | | | | | | | |
| **Budget Holder Name** | | |  | | | | | | **Ext No** | |  |
| **College/School/Centre/Department/Unit** | | |  | | | | | | | | |
| **Email address:** | | |  | | | | | | | | |
| **Details of Procurement Process** | | | | | | | | | | | |
| **Details of Item being purchased** | |  | | | | | | | | | |
| **Total cost of this Purchase** | | **€** | | | **How often will you be buying this product or service** | | | | | **Once Off [ ]**  **Recurring [ ]** | |
| **If the requirement is recurring:**  **What is the estimated annual value of spend: €**  **Duration of Spend: 2 Years 3 Years More** | | | | | | | | | | | |
| **Does a centralised contract exist for this product/service tick?** | | | | | | | Yes [ ] No [ ] | | | | |
| **If a centralised contract exists, why are the contracted suppliers not being used for the purchase?** | | | | | | |  | | | | |
| **Has the purchase been deemed a Sole Source and approval obtained from Procurement & Contracts Office for same?** | | | | | | | Yes [ ] No [ ] Not Applicable [ ] If Yes, Sole Source Ref No: | | | | |
| **For spend values below €25,000 ex VAT, a Quotation Process is required. Have you obtained the sufficient number of quotations from genuine participants, in line with Procurement Policy.**  [**http://www.nuigalway.ie/procurement-contracts/stepbystepguide/**](http://www.nuigalway.ie/procurement-contracts/stepbystepguide/) | | | | | | | Up to €5,000: 1 Written Quote [ ] €5,000-€25,000: 3 Written Quotes [ ]  **Please note annual aggregated estimated spend determines spend category** | | | | |
| **For values above €25,000 ex VAT, a tender competition is required, in line with Procurement Policy.**  **Has this process been undertaken?** | | | | | | | Yes [ ] No [ ] Not Applicable [ ]  If Yes, NUIG Ref No. | | | | |
| **If potential supplier is an individual, please include a letter of engagement/detailed description of the service being provided.  In addition, please print, review and include the one page checklist to determine if engagement is one for service or of service** [**http://www.nuigalway.ie/financial-accounting/taxation/aconciseguide-employedversusselfemployed/**](http://www.nuigalway.ie/financial-accounting/taxation/aconciseguide-employedversusselfemployed/) | | | | | | |  | | | | |
| **Do you or the person who has asked for this new supplier to be set up have any financial or other relationship with the supplier that may cause conflict of interest?**  Yes [ ] No [ ] **If yes, please provide further information:** | | | | | | | | | | | |
| **Once PART A, Part B and PART C have been completed in full, please email the form to** [**procure@nuigalway.ie**](mailto:procure@nuigalway.ie)**. The request will be reviewed and if satisfactory, will be approved and forwarded to Accounts Payable for co-approval and setup.** | | | | | | | | | | | |
| **PART D: NUIG Account Setup Authorisation (All sections Mandatory)** | | | | | | | | | | | |
| **NUIG Accounts Payable Comment** |  | | | | | **Supplier ID** | |  | | | |
| **NUIG Accounts Payable Signature** |  | | | | | **Supplier Group** | |  | | | |
| **Authorised by NUIG Finance Team Member**  **(e.g. DFA, SFA) (Mandatory)** | | | | **Authorised by NUIG Procurement** | | | | | | | |
| **Signed:** | | | | **Signed:** | | | | | | | |
| **Print Name:** | | | | **Print Name:** | | | | | | | |
| **Date:** | | | | **Date:** | | | | | | | |