**This section is to be completed by the Requester / SRM Shopper**

|  |  |
| --- | --- |
| Vendor Name: |  |
| Address: |  |
| Country: |  |
| Phone Number: |  |
| Contact Name: |  |
| Email Address for Remittance Advices: |  |
| Email Address for Purchase Orders: (Mandatory for SRM Vendors) |  |
| VAT Number / PPS Number: |  |
| Tax Clearance Access Number (TCAN) and Tax Reference Number (TRN) \* |  |

\* **These are only required when the value of the order or the expected business with the vendor in question is expected to exceed €10k within a 12 month period. Tax Clearance requirements only apply to vendors being set-up in Irish Company Codes.**

|  |  |
| --- | --- |
| Nature of Product / Service being provided by this vendor |  |

|  |  |
| --- | --- |
| Currency Vendor to be paid in: |  |

**This form should be signed by the Requestor and Approver**

**Requested by (in ESB) Approved by (in Orsted)**

Date: xx/xx/20xx Date: xx/xx/20xx