**CCS CUSTOMER REGISTRATION FORM – COMPANY**

**(CCS CR/CY)**

**TO BE COMPLETED BY THE CUSTOMER**

\*VAT No: And/Or \*CRO No:

\*COMPANY NAME:

TRADING NAME:

\*NATIONALITY: \*LANGUAGE:

EMPLOYER NO: CONTACT NAME:

\*POSTAL ADDRESS: BUSINESS ADDRESS (if different)

\*This address will appear on all Department correspondence

Eircode/Postcode/ZIP code:

Telephone No:

Fax No:

Mobile No:

Email Address:

If you are agreeable to have remittance advices and other correspondence issued to this email address please tick □

If your business is liable for **Professional Services** it is subject to **Withholding Tax**. If your business relates to either the **Construction, Forestry or Meat Processing Industries** payments are subject to **Relevant Contracts Tax.** Please tick the relevant box below.

**Withholding Tax** □ **Relevant Contract Tax** □

Current Business ID or Role with Department:

Signature:

Date:

*\*Any field denoted by an asterisk is mandatory and must be completed*

This form was issued by Pesticide Controls Division and must be completed fully and returned to this Division.

NOTE: Please submit bank details if you intend to receive payments from Department Agriculture, Food and the Marine.