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| **PROSPECTIVE VENDOR INFORMATION SHEET** |
| **Vendor No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (IOM Internal Use) |

|  |  |
| --- | --- |
| **Company Details** |  |
| Registered Vendor Name\*:  |  |
| Tax Organization Type\*: | Choose an item. |
| Supplier Type\*: | Choose an item. |
| Company Web Site: |  |
| Tax Country\*: | Choose an item. |
| Taxpayer ID/Tax Registration No\*: |  |
| Products and/or Services | Choose an item. |
| **Additional Information** |  |
| UNGM No.: |  | Commitment to Antiracism: | Choose an item. |  |
| UNPP No.: |  | Does your entity agrees with UN Supplier Code of Conduct: | Choose an item. |  |
| Is your Entity Women Owned?: | Choose an item. | Is the Bank Account Certificate added as attachment?: | Choose an item. |  |
| Is your Entity Disability Inclusive?: | Choose an item. |  |  |  |
|  |  |
| **Address\*** |  |
| Street Name and House No. |  |
| ZIP/Postal Code\*  |  |
| City\* |  |
| Region\* |  |
| Country\* | Choose an item. |

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| **Contact Information for communications** |  |  |
| First Name\*: |  |  | **IMPORTANT** |
| Last Name\*: |  |  | All fields marked with \* are mandatory. |
| Job Title |  |  | The form will be returned if mandatory field/s is/are empty |
| Email\*: |  |  | The Vendor Name should match ID or registration documents |

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| **Other Contacts**  |  |  |
| First Name\*: |  |  |  |
| Last Name\*: |  | Will this person have a role in Wave? | Choose an item. |
| Job Title: |  | If yes, what will be that role? | Choose an item. |
| Email\*: |  |  |  |
|  |  |  |
| First Name\*: |  |  |  |
| Last Name\*: |  | Will this person have a role in Wave? | Choose an item. |
| Job Title: |  | If yes, what will be that role? | Choose an item. |
| Email\*: |  |  |  |

I hereby certify that the information above are true and correct. I am also authorizing IOM to validate all claims with concerned authorities.

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| Printed Name\*: |  |  |  | **List of attachments** |
|  |  |  |[ ]  Taxpayer ID/Tax registration number certificate. |
|  |  |  |[ ]  Business License |
|  |  |  |[ ]  Id. of the owner |
| Signature\*: |  |  |[ ]  Signed UN Supplier Code of Conduct |
| Job Title |  |  |[ ]  Proof of women ownership share of the company |
| Date |  |  |[ ]  Evidence of commitment to anti-racism |
|  |  |  |[ ]  Evidence of entity’s disability inclusive policy |
|  |  |  |[ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **SPEND AUTHORIZED SUPPLIER INFORMATION SHEET** |
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| **Supplier Details** |  |
| Supplier´s Name\*:  |  |
| Supplier Number\*: |  |
| **Payment Details** |  |
| Payment Method\*: |[ ]  Bank transfer |  | **IMPORTANT** |
|  |[ ]  Check**\*\*** |  | All fields marked with \* are mandatory. |
|  |[ ]  Cash**\*\*** |  | The form will be returned if mandatory field/s is/are empty |
|  |[ ]  Others**\*\***:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | The Vendor Name should match ID or registration documents |
|  |  |  |  |  |
| **\*\***If a Non-Bank Payment Method was selected, please provide justification: |  |  |  |
|  |  |
| **Bank Details\* (This information is mandatory if payment method is via Bank Transfer)** |
| Bank Name\* |  |  |  |  |
| Address  |  |  | **NOTES** |
| City\* |  |  | Payment currency must be clearly |
| Postal Code |  |  | indicated to avoid delays and additional |
| Country\* |  |  | bank charges |
| Bank Account Name\* |  |  |  |
| Account Currency |  |  | If the company has multiple bank |
| Bank Account Number |  |  | accounts, indicate the default account |
| Swift Code/BIC (outside U.S.A.) |  | Fill only the code that | this form and add an extra sheet with |
| IBAN Number |  | corresponds to your | full information of other accounts |
| Clearing Number (Switzerland) |  | location\* |  |
| ABA No. for ACH (U.S.A.) |  |  |  |

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| **PLEASE, FILL IN THE CONTACT INFORMATION ONLY IF IT NEEDS TO BE UPDATED IN THE SUPPLIER PROFILE** |
| **Contact Information**  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: |  |  |  |
| Last Name: |  | Will this person have a role in Wave? | Choose an item. |
| Job Title: |  | If yes, what will be that role? | Choose an item. |
| Email\*: |  |  |  |
|  |  |  |
| First Name: |  |  |  |
| Last Name: |  | Will this person have a role in Wave? | Choose an item. |
| Job Title: |  | If yes, what will be that role? | Choose an item. |
| Email\*: |  |  |  |

I hereby certify that the information above are true and correct. I am also authorizing IOM to validate all claims with concerned authorities.

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| Printed Name\*: |  |  |  | **List of attachments** |
|  |  |  |[ ]  Bank Account Certificate |
|  |  |  |[ ]  Declaration of Conformity was signed in solicitation documents |
| Signature\*: |  |  |[ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Job Title |  |  |  |  |
| Date |  |  |  |  |
|  |  |  |  |  |