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

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| --- | --- | --- | --- | --- | --- | --- |
| **Company Details** |  | | | | | |
| Registered Vendor Name\*: | t | | | | | |
| 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 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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\*: | T | | | | | | | | | |
| 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? | | |  |
| Job Title: |  | If yes, what will be that role? | |  | | |
| Email\*: |  |  | |  | | |
|  | |  |  | | |
| First Name: |  |  | |  | | |
| Last Name: |  | Will this person have a role in Wave? | | |  |
| Job Title: |  | If yes, what will be that role? | | Manages agreements and deliverables | | |
| 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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|  |  |  |  | Business License |
|  |  |  |  | Id. of the owner |
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|  |  |  |  | Evidence of entity’s disability inclusive policy |
|  |  |  |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |