

SECTION 1 (For internal use only)		UN INFORMATION	
Requesting Person (UN) First Name / Last Name / Extension E-mail address	Supplier No. <i>OR</i> Resource No.	Procurement Supplier has direct contract agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Submission date (dd-mm-yy)	Is this a new or an update to existing supplier? <input type="checkbox"/> New <input type="checkbox"/> Update	
SECTION 2 SUPPLIER INFORMATION			
Supplier Name/Person Name First Name / Middle Name/Last Name / Extension		Country	Date of Birth (DD/MM/YYYY)
United Nations Global Marketplace Registration Number¹ / UNGM (Mandatory for companies)			
Company Registration Number (Mandatory)		VAT Registration Number (if applicable)	
Parent Company Name (if applicable)		Web Site URL	
Supplier Group (Select one of the below options) <div> <input type="checkbox"/> Beneficiary Family <input type="checkbox"/> Company (private or public) <input type="checkbox"/> External Individual (including interviewer/ meeting participant) <input type="checkbox"/> UN Agency </div> <div> <input type="checkbox"/> Government Agency <input type="checkbox"/> University/Educational Institution <input type="checkbox"/> Financial Institution (including Insurance and Banking Institution) <input type="checkbox"/> International NGO </div> <div> <input type="checkbox"/> Regional Company <input type="checkbox"/> IGO (InterGovernmental Organization) <input type="checkbox"/> Personnel (staff/ICA/UN V/SC/volunteer/ntem) <input type="checkbox"/> International Company </div> <div> <input type="checkbox"/> Regional NGO <input type="checkbox"/> NGO (Non-Governmental Organization) </div>			
SECTION 3 SUPPLIER INFORMATION (Contact information)			
General/Permanent Street Address		City	State/Province Postal Code (Zip) Country
SECOND Street Address (If 2nd address, provide purpose)		City	State/Province Postal Code (Zip) Country
Beneficiary Contact Information Name Title Phone Fax		Alternate Contact Person Name Title Phone Fax	
E-mail Address		E-mail Address	
SECTION 4 BANKING INFORMATION (For additional Bank Accounts, please provide additional forms)			
Name of Banking Institution		Name of Account Holder (Name as it appears on account; <i>Please make sure it is same name as the one you mention under Supplier Name/Person Name field in SECTION 2</i>)	
Street Address		Branch Name	Phone
City	State/Province	Postal Code (Zip)	Country
Bank transwire code information			
IBAN Number		SWIFT/BIC Code	
Bank Account Number		Clearing Code/Bank Code (e.g. ABA, ACH or routing No., IFSC, Transit No., BSB No., Sort Code, BLZ No.)	
Branch code			
Bank Account Currency	Bank Account Type	Currency of Payment	
<input type="checkbox"/> USD <input type="checkbox"/> Other: (Please specify)	<input type="checkbox"/> Checking <input type="checkbox"/> Saving <input type="checkbox"/> Other: (Please specify)	<input type="checkbox"/> USD <input type="checkbox"/> Other: (Please specify)	
Bank transwire code information for Intermediary Bank, if applicable			
Name of Intermediary Bank		Bank Country	
IBAN Number		SWIFT/BIC Code	
Bank Account Number (of the beneficiary bank with the intermediary bank)		Clearing Code/Bank Code (e.g. ABA, IFSC, Transit No., BSB No., Sort Code, BLZ No.)	
Signature		Date, place	

Incomplete or erroneous information will prevent final credit of payments to your account

¹ UNOPS requires **Companies** to register with United Nations Global Marketplace on www.ungm.org (UN supplier database)