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| SECTION 1 (For internal use only) UN INFORMATION | | |
| **Requesting Person (UN):**  First Name / Last Name / Extension    **I hereby confirm that I have followed the procurement manual and the information submitted is accurate.**    **(Signature of requester) Date:** | **Supplier No.**  ***OR***  **Resource No.** | **Is this new or an update to existing supplier?:**  ☐ New ☐ Update  **UNGM/ Claims Log check**  ☐ Yes ☐ No |
| **Supplier has direct contract agreement?**  ☐ Yes ☐ No  **Grantee signature available:**  ☐ Yes ☐ No | **Bank detail change Bank details verified:**  ☐ Yes ☐ No ☐ Yes ☐ No    **Supplier contact: (FIrst & Last Name/ Extension):**      **Include 3 months bank statements for suppliers and grantees** |
| **UN Proxy: Name and Surname (Only applicable where grantees cannot sign their Supplier Registration Form)** | **Signature of UN Proxy Date/ Place:** | |

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| SECTION 2 (For supplier/personnel to fill out) SUPPLIER/PERSONNEL INFORMATION | | | | |
| **Supplier Name/Person Name**  First Name / Middle Name/Last Name / Extension | | **Date of birth:** | **Country:** | **VAT Reg. No.:** |
| **Parent Company Name (if applicable)** | | **Company Registration Number (Mandatory)** | | **UNGM Reg. No.\*** |
| Supplier Group (Select one of the below options)  ☐ Beneficiary Family ☐ Company (private or public) ☐ External Individual (including interviewer/ meeting participant) ☐ UN Agency  ☐ Government Agency ☐ University/Educational Institution ☐ Financial Institution (including Insurance and Banking Institution) ☐ International NGO  ☐ Regional Company ☐ IGO (Inter-Governmental Organization) ☐ Personnel (staff/ICA/UNV/SC/volunteer/intern) ☐ International Company  ☐ Regional NGO ☐ NGO (Non-Governmental Organization) | | | | |

\* UNOPS requires **Companies** to register with United Nations Global Marketplace on [www.ungm.org](http://www.ungm.org) (UN supplier database)

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| SECTION 3 (For supplier/personnel to fill out) SUPPLIER/PERSONNEL 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       Email address | **Alternate Contact Person**  Name       Title  Phone       Email address |

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| SECTION 4 SUPPLIER/PERSONNEL BANKING INFORMATION(For additional Bank Accounts, please provide additional forms) | | |
| **Name of Banking Institution** | Name of Account Holder (Name as it appears on account; Please make sure it is same name as the one you mention under Supplier Name/Person Name field in SECTION 2) | |
| **Street Address** | **Branch Name** | **Phone** |
| **City**       State/Province       Postal Code (Zip)       **Country** | | |
| Bank transwire code information | | |
| IBAN Number    **Bank Account Number**    Branch code | **SWIFT/BIC Code** | |
| Clearing Code/Bank Code (e.g. ABA, ACH or routing No., IFSC, Transit No., BSB No., Sort Code, BLZ No.) | |
| **Bank Account Currency Bank Account Type**  ☐ USD ☐ Checking ☐ Saving  ☐ Other: (Please specify) ☐ Other: (Please specify) | **Currency of Payment**  ☐ USD  ☐ 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.) | |
| **Personnel/Supplier’s Signature:** | **Date/Place:** | |

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| **Incomplete or erroneous information will prevent final credit of payments to your account**  **Only in exceptional cases are UNOPS personnel permitted to act as proxy for grantees. By signing the form, UNOPS proxy affirm that the information captured is accurate and that no conflict of interests exist.** |