Non-medical masks

**Annex A – Vendor Information Form**

*To be returned to WHEIPC@who.int*

*NOTICE:*

*• Companies can only participate in solicitations of WHO after completing their basic registration (free of charge) at the United Nations Global Marketplace (www.ungm.org).*

*• As you express interest in the planned solicitation by submitting this response form, please verify that your company is registered under its full legal name on the United Nations Global Marketplace (www.ungm.org) and that your application has been submitted to WHO.*

| **Company Information** to be provided by the Vendor expressing interest | | | |
| --- | --- | --- | --- |
| **UNGM Vendor ID Number:** |  | | |
| **Legal Company Name:**  *(Not trade name or DBA name)* |  | | |
| **Company Contact:** |  | | |
| **Address:** |  | | |
| **City:** |  | State: |  |
| Zip: |  | **Country:** |  |
| **Telephone Number:** |  | Fax Number: |  |
| **Email Address:** |  | **Company Website:** |  |
|  | | | |
| **Corporate information:** | | | |
| Company **mission statement** |  | | |
| **Service commitment** to customers and measurements used |  | | |
| **Organization** structure (include description of those parts of your organization that would be involved in the performance of the work) |  | | |
| Relevant **experience** (how could your expertise contribute to WHO’s needs for the purpose of this EOI) – *Please attach reference and contact details* |  | | |
| **Staffing information** |  | | |

|  |  |
| --- | --- |
| **Entity Name:** | ………………………………………………………………………………………………… |
| **Mailing Address:** | …………………………………………………………………………………………………  …………………………………………………………………………………………………  ………………………………………………………………………………………………… |
| **Name and Title of duly authorized representative:** | ………………………………………………………………………………………………… |
| **Date:** | ………………………………………………………………………………………………… |
| **Signature:** |  |