



## VENDOR INFORMATION SHEET

**Vendor No.** \_\_\_\_\_

Internal to IOM

**Registered Vendor Name\*:** \_\_\_\_\_

**Other Names/Acronyms** \_\_\_\_\_

**Address\***

House No \_\_\_\_\_

Street Name \_\_\_\_\_

ZIP/Postal Code\* \_\_\_\_\_

City\* \_\_\_\_\_

Region\* \_\_\_\_\_

Country\* \_\_\_\_\_

**Contact Information**

Company Tel/Mobile: \_\_\_\_\_

Company Email: \_\_\_\_\_

Company Website: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Person Position: \_\_\_\_\_

**Industry Category\*:**

- ☐ 0100 - Commercial Vendors  
☐ 0200 - National CSOs  
☐ 0300 - National Government Entities  
☐ 0400 - International CSOs

- ☐ 0500 - International Organizations - Non-UN  
☐ 0600 - UN entities  
☐ 0005 - Individual Consultant/Non-Staff

**Business Type\*:**

- ☐ Direct Producer/Manufacturing  
☐ Reseller/Distributor/Service Provider

**Provide Services/Goods Internationally\***
☐ Yes

☐ No

**Disability-inclusive\***
☐ Yes

☐ Not applicable

**Women-owned/controlled\***

- ☐ At least 51% women-owned/controlled  
☐ Less than 51% women-owned/controlled  
☐ Not applicable

**Environmental Statement\***
☐ Yes

☐ No

**Environmental or Energy Management System\***
☐ Yes

☐ No

**Notes**

All fields marked with \* are mandatory. The form may be returned if mandatory fields are missing/incorrect or in the wrong format (esp, Zipcode).

**Vendor Name** - should match IDs or registration documents.

If there is insufficient space, please use the **Other Information** section

**Product Categories (check all applicable)\***

- ☐ Agriculture, Livestock and Fisheries  
☐ Chemicals  
☐ Clothing and Luggage  
☐ Construction  
☐ Consultancy and Contracted Services  
☐ Finance and Administration  
☐ Food and Beverage

- ☐ Fuels and Derivatives  
☐ Furniture  
☐ Hospitality, Events  
☐ Insurances  
☐ IT and Communications  
☐ Land and Buildings  
☐ Learning, Training and Recreation

- ☐ Legal and Investigation  
☐ Logistics and Warehousing  
☐ Media and Printing  
☐ Medical, Drugs and Pharma  
☐ NFIs – Household and Camps  
☐ Office Equipment and Supply  
☐ Personal Care

- ☐ Power Supply and Electric  
☐ Quality Control and Environment  
☐ Security  
☐ Social and Humanitarian Services  
☐ Tickets  
☐ Tools and Machinery  
☐ Vehicles and Accessories

**UNGM No.** \_\_\_\_\_

**UN Partner Portal Reference** \_\_\_\_\_

**Registration Date\*** \_\_\_\_\_

**VAT Number** \_\_\_\_\_

<https://www.unqgm.org/UNUser/Home>
<https://www.unpartnerportal.org>

Country of Operations (dd-mmm-yyyy)

**Licensing Auth./Type** \_\_\_\_\_

**License No.:** \_\_\_\_\_

**Reg. Date:** \_\_\_\_\_

**Expiry Date:** \_\_\_\_\_

For additional licenses, please use the Other Information Section

dd-mmm-yyyy

dd-mmm-yyyy

**Partner Entities** (indicate if there are other relevant business partner accounts already registered in IOM. *Format: Account Number-Name*)

Same entity registered in another office \_\_\_\_\_

Parent company \_\_\_\_\_

Subsidiaries/Branches \_\_\_\_\_

**Other Information:**


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## VENDOR INFORMATION SHEET

### Section II: Payment and Banking Information

#### Payment Details

Payment Method\* ☐ Bank Transfer

☐ Check\*\*

☐ Cash\*\*

☐ Others\*\*

Justification for Non-Bank Payment Method\*\*

#### Notes

Payment currency of the vendor MUST be clearly marked in order to avoid additional bank charges and/or delay in payments.  
Non-bank payment methods require justification.

#### Bank Details (mandatory if Payment Method is via Bank Transfer):

Bank Name

Bldg and Street

City

Postal Code

Country

Bank Account Name

Bank Keys

Account Currency

Bank Account No.

\*Depending on the country

Swift Code/BIC (accounts outside U.S.A.)

IBAN Number (mandatory for banks in Europe)

Clearing No. (CHF accounts in Switzerland)

ABA No. for ACH (USD accounts in U.S.A.)

Bank Branch Code

#### Notes

If there are multiple bank accounts, please add an extra sheet, and mark the default bank account.

***If awarded, please submit ID/Registration, signed IOM Supplier Code of Conduct and Proof of Banking Details to IOM***

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

Printed Name

Signature

Position/Title

Date