IOM
UN MIGRATION

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: _____   Contact Person: _____
    Company Email: _____   Contact Person Position: _____
    Company Website: _____

Industry Category*:
☐ 0100 - Commercial Vendors   ☐ 0500 - International Organizations - Non-UN
☐ 0200 - National CSOs   ☐ 0600 - UN entities
☐ 0300 - National Government Entities   ☐ 0005 - Individual Consultant/Non-Staff
☐ 0400 - International CSOs

Business Type*:
☐ Direct Producer/Manufacturing
☐ Reseller/Distributor/Service Provider

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**

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

Product Categories (check all applicable)*

☐ Agriculture, Livestock and Fisheries	☐ Fuels and Derivatives	☐ Legal and Investigation	☐ Power Supply and Electric
☐ Chemicals	☐ Furniture	☐ Logistics and Warehousing	☐ Quality Control and Environment
☐ Clothing and Luggage	☐ Hospitality, Events	☐ Media and Printing	☐ Security
☐ Construction	☐ Insurances	☐ Medical, Drugs and Pharma	☐ Social and Humanitarian Services
☐ Consultancy and Contracted Services	☐ IT and Communications	☐ NFIs – Household and Camps	☐ Tickets
☐ Finance and Administration	☐ Land and Buildings	☐ Office Equipment and Supply	☐ Tools and Machinery
☐ Food and Beverage	☐ Learning, Training and Recreation	☐ Personal Care	☐ Vehicles and Accessories

UNGM No. _____   https://www.ungm.org/UNUser/Home
UN Partner Portal Reference _____   https://www.unpartnerportal.org
Registration Date* _____   Country of Operations (dd-mmm-yyyy)
VAT Number _____

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:
_____
_____
_____
_____

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