



IOM International Organization for Migration
OIM Organisation Internationale pour les Migrations
OIM Organización Internacional para las Migraciones

VENDOR INFORMATION SHEET

Name of the Company _____

Address ☐ Leased ☐ Owned Area: _____ sqm

House No _____

Street Name _____

Postal Code _____

City _____

Region _____

Country _____

Contact Numbers/Address

Telephone Nos. _____ Contact Person _____

Fax No. _____

Email Address _____ Website: _____

Location of Plant/Warehouse ☐ Leased ☐ Owned Area: _____ sqm

Business Organization ☐ Corporation ☐ Partnership ☐ Sole Proprietorship

Business License No.: _____ Place/Date Issued: _____ Expiry Date _____

No. of Personnel _____ Regular _____ Contractual/Casual _____

Nature of Business/Trade

UNGM No. _____

☐ Manufacturer ☐ Authorized Dealer ☐ Information Services

☐ Wholesaler ☐ Retailer ☐ Computer Hardware

☐ Trader ☐ Importer ☐ Service Bureau

☐ Site Development/ ☐ Consultancy ☐ Others _____
Construction _____

Number of Years in Business: _____

Complete Products & Services/ Other Comments : _____

Payment Details

Payment Method ☐ Cash ☐ Check ☐ Bank Transfer ☐ Others _____

Currency ☐ Loc.Currency ☐ USD ☐ EUR ☐ Others _____

Terms of Payment ☐ 30 days ☐ 15 days ☐ 7 days ☐ Upon receipt of invoice

Advance Payment ☐ Yes ☐ No ☐ % of the Total PO/Contract

Bank Details:

Bank Name _____

Bldg and Street _____

City _____

Postal Code _____

Country _____

Bank Account Name _____

Bank Account No. _____

Swift Code _____

Iban Number _____



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Key Personnel & Contacts *(Authorized to sign and accept PO/Contracts & other commercial documents)*

Name	Title/Position	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____

Companies with whom you have been dealing for the past two years with approximate value in US Dollars:

Company Name	Business Value	Contact Person/ Email Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever provided products and/or services to any mission/office of IOM?

☐ Yes

☐ No

If yes, list the department and name of the personnel to whom you provided such goods and/or services.

Name of Person	Mission/Office	Items Purchased
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any relative who worked with us at one time or another, or are presently employed with IOM? If yes, kindly state name and relationship.

_____	_____	_____
_____	_____	_____
_____	_____	_____

Customer References

Company	Contact Person	Email Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Banking Reference

Bank	Contact Person	Email Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

FOR IOM USE ONLY

Purchasing Organization _____

Account Group _____

Industry

☐ 002

☐ 003

☐ 005

☐ 006

where 002 - Goods/supplies/ material/ tools/ equipment

003 - Services/maintenance/transport/security/construction

005 - Consultants and experts non-IOM staff (e.g. professional services, consultancy, maintenance)

006 - Implementing Partners, UN/NON-UN agencies, Int./Nat. CSOs, Govts.

Vendor Type

☐ Global

☐ Local



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REQUIREMENTS CHECKLIST

Please submit the following documents in PDF format together with this Information Sheet:

No.	Document	For IOM use only	
		Submitted	Not Applicable
1	Company Profile (including the names of owners, key officers, technical personnel)	<input type="checkbox"/>	<input type="checkbox"/>
2	Company's Articles of Incorporation, Partnership or Corporation, whichever is applicable, including amendments thereto, if any.	<input type="checkbox"/>	<input type="checkbox"/>
3	Certificate of Registration from host country's Security & Exchange Commission or similar government agency/department/ministry	<input type="checkbox"/>	<input type="checkbox"/>
4	Valid Government Permits/Licenses	<input type="checkbox"/>	<input type="checkbox"/>
5	Audited Financial Statements for the last 3 years*	<input type="checkbox"/>	<input type="checkbox"/>
6	Certificates from the Principals (e.g. Manufacturer's Authorization, Certificate of Exclusive Distributorship, Any certificate for the purpose, indicating name, complete address and contact details)	<input type="checkbox"/>	<input type="checkbox"/>
7	Catalogues/Brochures	<input type="checkbox"/>	<input type="checkbox"/>
8	List of Plants/Warehouse/Service Facilities	<input type="checkbox"/>	<input type="checkbox"/>
9	List of Offices/Distribution Centers/Service Centers	<input type="checkbox"/>	<input type="checkbox"/>
10	Quality and Safety Standard Document / ISO 9001	<input type="checkbox"/>	<input type="checkbox"/>
11	List of all contracts entered into for the last 3 years (indicate whether completed or ongoing) *	<input type="checkbox"/>	<input type="checkbox"/>
12	Banking Letter/Details	<input type="checkbox"/>	<input type="checkbox"/>
13	Certification that Non-performance of contract did not occur within the last 3 years prior to application for evaluation based on all information on fully settled disputes or litigation	<input type="checkbox"/>	<input type="checkbox"/>
14	For Construction Projects: List of machines & equipment (include brand, capacity and indication if the equipment are owned or leased by the Contractor)	<input type="checkbox"/>	<input type="checkbox"/>

* For Competitive Biddings, number of years may increase depending on the estimated contract amount.

** Indicate if an item is not applicable. Failure to provide any of the documents mentioned above . will result in automatic "failed" rating.

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

Received by (IOM):

Signature

Signature

Printed Name

Printed Name

Position/Title

Position/Title

Date

Date