



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
 - 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* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Disability-inclusive* | <input type="checkbox"/> Yes | <input type="checkbox"/> Not applicable |
| Women-owned/controlled* | <input type="checkbox"/> At least 51% women-owned/controlled
<input type="checkbox"/> Less than 51% women-owned/controlled
<input type="checkbox"/> Not applicable | |
| Environmental Statement* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Environmental or Energy Management System* | <input type="checkbox"/> Yes | <input type="checkbox"/> 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)*

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

UNGM No. _____

UN Partner Portal Reference _____

Registration Date* _____

VAT Number* _____

<https://www.unqm.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:



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 Number _____

Notes

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

If awarded, please submit ID/Registration and Proof of Banking Details to IOM. Vendors are also required to comply with the UN Supplier Code of Conduct.

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

Position/Title

Signature

Date