



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

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

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

UNGM No. _____

UN Partner Portal Reference _____

Registration Date _____

<https://www.unqm.org/UNUser/Home>

<https://www.unpartnerportal.org>

Main 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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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