

PROSPECTIVE VENDOR INFORMATION SHEET

Vendor No.: _____
(IOM Internal Use)

Company Details

Registered Vendor Name*:	_____
Tax Organization Type*:	Choose an item.
Supplier Type*:	Choose an item.
Company Web Site:	_____
Tax Country*:	Choose an item.
Taxpayer ID/Tax Registration No*:	_____
Products and/or Services	Choose an item.

Additional Information

UNGM No.:	_____	Commitment to Antiracism:	Choose an item.
UNPP No.:	_____	Does your entity agrees with UN Supplier Code of Conduct:	Choose an item.
Is your Entity Women Owned?:	Choose an item.	Is the Bank Account Certificate added as attachment?:	Choose an item.
Is your Entity Disability Inclusive?:	Choose an item.		

Address*

Street Name and House No.	_____
ZIP/Postal Code*	_____
City*	_____
Region*	_____
Country*	Choose an item.

Contact Information for communications

First Name*:	_____
Last Name*:	_____
Job Title	_____
Email*:	_____

IMPORTANT

All fields marked with * are mandatory.
The form will be returned if mandatory field/s is/are empty
The Vendor Name should match ID or registration documents

Other Contacts

First Name*:	_____
Last Name*:	_____
Job Title:	_____
Email*:	_____
First Name*:	_____
Last Name*:	_____
Job Title:	_____
Email*:	_____

Will this person have a role in Wave? Choose an item.
If yes, what will be that role? Choose an item.

Will this person have a role in Wave? Choose an item.
If yes, what will be that role? Choose an item.

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*: _____
Job Title _____
Date _____

List of attachments	
<input type="checkbox"/>	Taxpayer ID/Tax registration number certificate.
<input type="checkbox"/>	Business License
<input type="checkbox"/>	Id. of the owner
<input type="checkbox"/>	Signed UN Supplier Code of Conduct
<input type="checkbox"/>	Proof of women ownership share of the company
<input type="checkbox"/>	Evidence of commitment to anti-racism
<input type="checkbox"/>	Evidence of entity's disability inclusive policy
<input type="checkbox"/>	Other: _____

SPEND AUTHORIZED SUPPLIER INFORMATION SHEET

Supplier Details

Supplier's Name*:

Supplier Number*:

Payment Details

Payment Method*:

- ☐ Bank transfer
☐ Check**
☐ Cash**
☐ Others***: _____

IMPORTANT

All fields marked with * are mandatory.
 The form will be returned if mandatory field/s is/are empty
 The Vendor Name should match ID or registration documents

**If a Non-Bank Payment Method was selected, please provide justification:

Bank Details* (This information is mandatory if payment method is via Bank Transfer)

Bank Name*

Address

City*

Postal Code

Country*

Bank Account Name*

Account Currency

Bank Account Number

Swift Code/BIC (outside U.S.A.)	
IBAN Number	
Clearing Number (Switzerland)	
ABA No. for ACH (U.S.A.)	

Fill only the code that corresponds to your location*

NOTES

Payment currency must be clearly indicated to avoid delays and additional bank charges

If the company has multiple bank accounts, indicate the default account this form and add an extra sheet with full information of other accounts

PLEASE, FILL IN THE CONTACT INFORMATION ONLY IF IT NEEDS TO BE UPDATED IN THE SUPPLIER PROFILE

Contact Information

First Name:

Last Name:

Job Title:

Email*:

Will this person have a role in Wave?
 If yes, what will be that role?

Choose an item.
 Choose an item.

First Name:

Last Name:

Job Title:

Email*:

Will this person have a role in Wave?
 If yes, what will be that role?

Choose an item.
 Choose an item.

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*: _____

Job Title

Date

	List of attachments
<input type="checkbox"/>	Bank Account Certificate
<input type="checkbox"/>	Declaration of Conformity was signed in solicitation documents
<input type="checkbox"/>	Other: _____