IOM
UN MIGRATION

PROSPECTIVE VENDOR INFORMATION SHEET

Vendor No.: _____

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

First Name*:			
Last Name*:		Will this person have a role in Wave?	Choose an item.
Job Title:		If yes, what will be that role?	Choose an item.
Email*:			

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
☐	Taxpayer ID/Tax registration number certificate.
☐	Business License
☐	Id. of the owner
☐	Signed UN Supplier Code of Conduct
☐	Proof of women ownership share of the company
☐	Evidence of commitment to anti-racism
☐	Evidence of entity's disability inclusive policy
☐	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.)		Fill only the code that corresponds to your location*
IBAN Number		
Clearing Number (Switzerland)		
ABA No. for ACH (U.S.A.)		

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?   Choose an item.
If yes, what will be that role?   Choose an item.

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.

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*: _____

	List of attachments
☐	Bank Account Certificate
☐	Declaration of Conformity was signed in solicitation documents
☐	Other:_____

Signature*: _____
Job Title _____
Date _____