

## **VENDOR INFORMATION SHEET**

Company Email: Company Website:  0100 - Commercial Vendors 0200 - National CSOs 0300 - National Government Entities 0400 - International CSOs  Business Type*:  Direct Producer/Manufacturing Reseller/Distributor/Service Provider  Provide Services/Goods Internationally*  Yes Usability-inclusive*  Vomen-owned/controlled*  O100 - Commercial Vendors 0200 - National CSOs  Provide Services Provider  Yes  At least 51% wom	ontact Person: ontact Person Position:  0500 - International Organizations - Non-UN 0600 - UN entities 0005 - Individual Consultant/Non-Staff  Notes All fields marked with * are mandatory. The form may be returned if mandatory fields are missing/incorrect or in the wrong format (esp. 2 pocode). Vendor Name - should match IDs or registration documents. If there is insufficient space, please use the Other Information section  In the province of the controlled internovened/controlled.
Address* House No Street Name ZIP/Postal Code* City* Region* Country*  Contact Information Company Tel/Mobile: Company El/Mobile: Company Website:  Industry Category*:  O100 - Commercial Vendors O200 - National CSOs O300 - National Government Entities O400 - International CSOs  Business Type*:  Direct Producer/Manufacturing Reseller/Distributor/Service Provider  Provide Services/Goods Internationally* Ves Disability-inclusive* Vomen-owned/controlled*  At least 51% wor Less than 51% wor Not applicable  Product Categories (check all applicable)*  Agriculture, Livestock and Fisheries Chemicals Clothing and Luggage Consultancy and Contracted Services Finance and Administration  Land and Buildings	Ontact Person Position:    0500 - International Organizations - Non-UN
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Country*  Contact Information Company Tel/Mobile: Company Email: Company Website:  Direct Producer/Manufacturing Reseller/Distributor/Service Provider  Crovide Services/Goods Internationally*  Product Categories (check all applicable)*  Agriculture, Livestock and Fisheries Chemicals Consultancy and Contracted Services Finance and Administration  Consultancy and Contracted Services Finance and Administration  Company Tel/Mobile:  Company Tel/Mobile: Company Tel/M	Ontact Person Position:    0500 - International Organizations - Non-UN
Company Tel/Mobile: Company Tel/Mobile: Company Email: Company Website:    0100 - Commercial Vendors	Ontact Person Position:    0500 - International Organizations - Non-UN
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Business Type*: Direct Producer/Manufacturing Reseller/Distributor/Service Provider  Provide Services/Goods Internationally* Yes Disability-inclusive* Yes Women-owned/controlled* At least 51% wom Less than 51% wom Not applicable  Product Categories (check all applicable)*  Agriculture, Livestock and Fisheries Chemicals Consultancy and Luggage Construction Insurances Consultancy and Contracted Services Finance and Administration Land and Buildings	All fields marked with "are mandatory. The form may be returned if mandatory fields are missing/incorrect or in the wrong formit (sep., Zpoods).  Vendor Name - should match IDs or registration documents.  No applicable there is insufficient space, please use the Other Information section
Reseller/Distributor/Service Provider  Provide Services/Goods Internationally*  Provide Services/Goods Internationally*  Yes  Yes  At least 51% wor  Less than 51% wo  Not applicable  Product Categories (check all applicable)*  Agriculture, Livestock and Fisheries  Chemicals  Clothing and Lugage  Construction  Consultancy and Contracted Services  Finance and Administration  Reseller/Distributor/Service Provider  Yes  Yes  At least 51% wor  Less than 51% wo  Not applicable  Fundure  Hospitality, Events  Insurances  IT and Communications  Land and Buildings	All fields marked with "are mandatory. The form may be returned if mandatory fields are missing/incorrect or in the wrong formit (sep., Zpoods).  Vendor Name - should match IDs or registration documents.  No applicable there is insufficient space, please use the Other Information section
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At least 51% women-owned/controlled*  At least 51% women-owned/controlled*  At least 51% women-owned/controlled*  Are least 51% women-owned/controlled*  And least 51% women-owned/controlled*  And least 51% women-owned/controlled*  Further formiture  Hospitality, Events Insurances Consultancy and Contracted Services Finance and Administration  Land and Buildings	en-owned/controlled
At least 51% women-owned/controlled*  At least 51% women-owned/controlled*  At least 51% women-owned/controlled*  Are least 51% women-owned/controlled*  And least 51% women-owned/controlled*  And least 51% women-owned/controlled*  Further formiture  Hospitality, Events Insurances Consultancy and Contracted Services Finance and Administration  Land and Buildings	en-owned/controlled
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Chemicals Furniture Clothing and Luggage Hospitality, Events Insurances Construction In and Contracted Services IT and Communications Finance and Administration Land and Buildings	
Clothing and Luggage Hospitality, Events Construction Insurances Consultancy and Contracted Services IT and Communications Finance and Administration Land and Buildings	Legal and Investigation Power Supply and Elect
Construction Insurances Consultancy and Contracted Services IT and Communications Finance and Administration Land and Buildings	Logistics and Warehousing Quality Control and Envir Media and Printing Security
Consultancy and Contracted Services IT and Communications Finance and Administration Land and Buildings	Media and Printing Security  Medical, Drugs and Pharma Social and Humanitarian
	NFIs – Household and Camps Tickets
Food and Beverage Learning, Training and Recreation	Office Equipment and Supply Tools and Machinery
	Personal Care Vehicles and Accessorie
JNGM No.	https://www.ungm.org/UNUser/Home
JN Partner Portal Reference	https://www.unpartnerportal.org
Registration Date	Main Country of Operations (dd-mmm-yyyy)
icensing Auth./Type License No.:	Reg. Date: Expiry Date:
or additional licenses, please use the Other Information Section	dd-mmm-yyyy dd-mmm-yyyy
Partner Entities (indicate if there are other relevant business partner accour	ts already registered in IOM. Format: Account Number-Nam
Come antity registered in another office	
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\*\* 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. Signature Printed Name Position/Title Date