



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* Yes No

Disability-inclusive* Yes Not applicable

- Women-owned/controlled***
- At least 51% women-owned/controlled
 - Less than 51% women-owned/controlled
 - Not applicable

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)*

- 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

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:



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 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