



**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  0500 - International Organizations - Non-UN  
 0200 - National CSOs  0600 - UN entities  
 0300 - National Government Entities  0005 - Individual Consultant/Non-Staff  
 0400 - International CSOs

**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

**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)\***

<input type="checkbox"/> Agriculture, Livestock and Fisheries	<input type="checkbox"/> Fuels and Derivatives	<input type="checkbox"/> Legal and Investigation	<input type="checkbox"/> Power Supply and Electric
<input type="checkbox"/> Chemicals	<input type="checkbox"/> Furniture	<input type="checkbox"/> Logistics and Warehousing	<input type="checkbox"/> Quality Control and Environment
<input type="checkbox"/> Clothing and Luggage	<input type="checkbox"/> Hospitality, Events	<input type="checkbox"/> Media and Printing	<input type="checkbox"/> Security
<input type="checkbox"/> Construction	<input type="checkbox"/> Insurances	<input type="checkbox"/> Medical, Drugs and Pharma	<input type="checkbox"/> Social and Humanitarian Services
<input type="checkbox"/> Consultancy and Contracted Services	<input type="checkbox"/> IT and Communications	<input type="checkbox"/> NFIs – Household and Camps	<input type="checkbox"/> Tickets
<input type="checkbox"/> Finance and Administration	<input type="checkbox"/> Land and Buildings	<input type="checkbox"/> Office Equipment and Supply	<input type="checkbox"/> Tools and Machinery
<input type="checkbox"/> Food and Beverage	<input type="checkbox"/> Learning, Training and Recreation	<input type="checkbox"/> Personal Care	<input type="checkbox"/> Vehicles and Accessories

**UNGM No.** \_\_\_\_\_  
**UN Partner Portal Reference** \_\_\_\_\_  
**Registration Date\*** \_\_\_\_\_  
**VAT Number\*** \_\_\_\_\_

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

Notes
If there are multiple bank accounts, please add an extra sheet, and mark the default bank account.

If awarded, please submit ID/Registration and Proof of Banking Details to IOM. Vendors are also required to comply with the UN Supplier Code of Conduct.

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
Position/Title

Signature
Date