

**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.: \_\_\_\_\_  
 UNPP No.: \_\_\_\_\_  
 Is your Entity Women Owned?: Choose an item. \_\_\_\_\_  
 Is your Entity Disability Inclusive?: Choose an item. \_\_\_\_\_

Commitment to Antiracism: Choose an item. \_\_\_\_\_  
 Does your entity agrees with UN Supplier Code of Conduct: Choose an item. \_\_\_\_\_  
 Is the Bank Account Certificate added as attachment?: 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? 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\*: \_\_\_\_\_

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: _____

