



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.ungm.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