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| **PROSPECTIVE VENDOR INFORMATION SHEET** |
| **Vendor No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  (IOM Internal Use) |

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| --- | --- | --- | --- | --- | --- | --- |
| **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.: |  | Commitment to Antiracism: | | Choose an item. | |  | |
| UNPP No.: |  | Does your entity agrees with UN Supplier Code of Conduct: | | Choose an item. | |  | |
| Is your Entity Women Owned?: | Choose an item. | Is the Bank Account Certificate added as attachment?: | Choose an item. | | |  | |
| Is your Entity Disability Inclusive?: | Choose an item. |  |  | |  | |
|  |  | | | | | |
| **Address\*** |  | | | | | |
| Street Name and House No. |  | | | | | |
| ZIP/Postal Code\* |  | | | | | |
| City\* |  | | | | | |
| Region\* |  | | | | | |
| Country\* | Choose an item. | | | | | |

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| **Contact Information for communications** | |  |  |
| First Name\*: |  |  | **IMPORTANT** |
| Last Name\*: |  |  | All fields marked with \* are mandatory. |
| Job Title |  |  | The form will be returned if mandatory field/s is/are empty |
| Email\*: |  |  | The Vendor Name should match ID or registration documents |

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| **Other Contacts** | |  |  | | |
| First Name\*: |  |  | |  | | |
| Last Name\*: |  | Will this person have a role in Wave? | | | Choose an item. |
| Job Title: |  | If yes, what will be that role? | | Choose an item. | | |
| Email\*: |  |  | |  | | |
|  | |  |  | | |
| First Name\*: |  |  | |  | | |
| Last Name\*: |  | Will this person have a role in Wave? | | | Choose an item. |
| Job Title: |  | If yes, what will be that role? | | Choose an item. | | |
| Email\*: |  |  | |  | | |

I hereby certify that the information above are true and correct. I am also authorizing IOM to validate all claims with concerned authorities.

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|  | | | | |  | |
| Printed Name\*: |  |  |  | **List of attachments** | |
|  |  |  |  | Taxpayer ID/Tax registration number certificate. | |
|  |  |  |  | Business License | |
|  |  |  |  | Id. of the owner | |
| Signature\*: |  |  |  | Signed UN Supplier Code of Conduct | |
| Job Title |  |  |  | Proof of women ownership share of the company | |
| Date |  |  |  | Evidence of commitment to anti-racism | |
|  |  |  |  | Evidence of entity’s disability inclusive policy | |
|  |  |  |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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