

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*: _____
 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: _____

<input type="checkbox"/>	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: _____

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: _____