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| **SECTION 1 PROFILE** | |
| **Supplier name:**  **(For company, insert registered company name; for individual, please put the last name, and the first name as shown in National ID/Passport)** | |
| **Business Relationship:**  ☒ **Prospective Bidder** (Default)  ☐ **Spend Authorized** (by exception only) | |
| **Tax Organization Type:** *(Please tick one of the below):* | |
| ☐ Company/Cooperation  ☐ Individual  ☐ Government Entity  ☐ NGO/CSO | ☐ UN System  ☐ IGO/IFI/Multilateral/Bilateral organization  ☐ UNIV/Intl Research Institution  ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Supplier type***: (Please tick one of the below):* | |
| ☐ Supplier  ☐ Travel Agency | ☐ Individual (*please also select Person type and Gender below)*  ☐ Programme Partner |
| **Person type:** *(Please tick one of the below):*  ☐ Staff UN Index \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ UNV  ☐ Intern  ☐ For others, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ Personal Service Agreement  ☐ Fellows  ☐ Meeting Participants  **Gender:** Male ☐ Female ☐ |

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| **Country of Origin (Nationality):** \_\_\_\_\_\_\_\_\_\_\_\_\_  **Tax Country:** \_\_\_\_\_\_\_\_\_\_\_\_\_ | **National ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_  **Tax Registration Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **SECTION 2 CONTACT INFORMATION** |
| **Contact 1: User Account** |
| Last Name First Name Middle Name  Title: E-mail Address:  Phone:(Please include the Country Code) Mobile: |
| **Contact 2: Admin Account** |
| Last Name First Name Middle Name  Title: E-mail Address:  Phone:(Please include the Country Code) Mobile: |

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| **SECTION 3 ADDRESS** | |
| Country    Address        City    State    Postal Code    Province | Phone  Fax    Email  **Address Purpose (Please tick the relevant box only):**  ☐ Ordering  ☐ Remit To  ☐ RFQ or Bidding |

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| **SECTION 4 BUSINESS CLASSIFICATION** | |
| ☐ Disabled owned  ☐ ISO Certifications (please provide a copy of the certificate)  ☐ Minority owned  ☐ Other Certifications (please provide a copy of the certificate) | ☐ Small Business  ☐ Women-owned entity (51% or more) - externally certified (please provide a copy of the certificate)  ☐ Women-owned entity (51% or more) – self-proclaimed /not externally certified  ☐ None of the above |

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| **SECTION 5 BENEFICIARY BANK ACCOUNT DETAILS** | | | | | |
| **Bank Account 1** | | | | | |
| Bank Country: | | | | | |
| Bank Name: | | | | | |
| Branch Name: | | Swift Code / Routing number: | | Currency: | |
| Account Name: (name as it appears on bank account): | | | Account Number: | | |
| IBAN: | | | Account Type: ☐ Checking ☐ Savings Other: | | |
| Bank Code: | | | Branch Code: | | |
| Transit Code (5 digits) Canadian Banks: | | | BSB code (6 digits) Australia Banks: | | |
| **Bank Information for Intermediary/Correspondent Bank (if applicable)** | | | | | |
| Name of Bank: | | | Address of Bank: | | |
| Bank code: | Branch code: | | IBAN: | | |
| Intermediary Bank Account No: | | SWIFT Code: | | | FEDWIRE NO. (US banks only) |
| **Bank Account 2** | | | | | |
| Bank Country: | | | | | |
| Bank Name: | | | | | |
| Branch Name: | | Swift Code / Routing number: | | Currency: | |
| Account Name: (name as it appears on bank account): | | | Account Number: | | |
| IBAN: | | | Account Type: ☐ Checking ☐ Savings Other: | | |
| Transit Code ( 5 digits) Canadian Banks: | | | BSB code (6 digits) Australia Banks: | | |
| **Bank Information for Intermediary/Correspondent Bank (if applicable)** | | | | | |
| Name of Bank: | | | Address of Bank: | | |
| Bank code: | Branch code: | | IBAN Intermediary Bank: | | |
| Intermediary Bank Account No: | | SWIFT Code: | | | FEDWIRE NO. (US banks only) |

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| **SECTION 6 PRODUCTS AND SERVICES**  **(Please tick the relevant box ONLY)** |
| ☐ Raw Materials, Chemicals, Paper, Fuel  ☐ Industrial Equipment & Tools  ☐ Components & Supplies  ☐ Construction, Transportation & Facility Equipment & Supplies  ☐ Medical, Laboratory & Test Equipment & Supplies & Pharmaceuticals  ☐ Food, Cleaning & Service Industry Equipment & Supplies  ☐ Business, Communication & Technology Equipment & Supplies  ☐ Défense, Security & Safety Equipment & Supplies  ☐ Personal, Domestic & Consumer Equipment & Supplies  ☐ Services |

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| **SECTION 7 QUESTIONNAIRE** |
| 1. **Please provide copies of one / both of the below Mandatory Supporting Documents** 2. Business Registration Certificate 3. Official document confirming tax registration status and number 4. An electronic funds transfer (EFT) is the default and standard payment method.  **Any other payment method(s) in absence of EFT will need to be supported with justification.**   The Proof of Banking should clearly identify bank name, bank account name (should be same as supplier name), account number and other bank credentials such as SWIFT, routing number, IBAN, where applicable.  Any of the following documents can be accepted:   1. Voided cheque. 2. Bank Account certificate, certified letter or any other document issued by the bank. 3. Screenshot with online banking information without account balance or transaction details. 4. Copy of a bank statement without account balance or transaction details. 5. Electronic fund transfer - please ensure the Bank Accounts section of the supplier profile is completed and **provide Proof of Banking** 6. Check payment - **please provide justification** in the comment box as we encourage all suppliers to be paid electronically   **Comments**    I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in my capacity as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorise the agency to direct payments for goods and services to the above account.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |