**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:**

**Spend Authorized** (Default)

**Prospective Bidder** (by exception only)

**Tax Organization Type:** *(Please tick one of the below):*

Company/Cooperation UN System

Individual IGO/IFI/Multilateral/Bilateral organization

Government Entity UNIV/Intl Research Institution

NGO/CSO Others:

**Supplier type***: (Please tick one of the below):*

**Person type:** *(Please tick one of the below):*

Staff UN Index ---- Personal Service Agreement

UNV Fellows

Intern Meeting Participants

For others, please specify

Supplier

Travel Agency

Individual (*please also select Person type below)*

Programme Partner

**Country of Origin (Nationality): National ID:**

**Tax Country:**

**Tax Registration Number**

**SECTION 2 CONTACT INFORMATION**

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

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 4 BUSINESS CLASSIFICATION** | | | | | | |  |
| Disabled owner  ISO Certifications (please provide a copy of the certificate)  Minority-owned  Women-owned entity (51% or more)  (please provide a copy of the certificate) | | | Small Business  Other Certifications Please ( please provide a copy) Women-owned entity (51% or more)  – self Proclaimed /Not extremally certified – extremally certified None of the above | | | |  |
|  | | |  | | | | |
| **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: | | | |
| 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: | | | |
| Branch number: | | | | IBAN: | | | |
| Intermediary Bank Account No: | | SWIFT Code: | | | | **FEDWIRE NO. (US BANKS ONLY)** | |
| **Bank Account 2** | | | | | | | |
| Bank Name: | | | | | | | |
| Branch: | Swift Code: | | | | **Currency:** | | |
| Account Name: (name as it appears on bank account): | | | | Account Number: | | | |
| IBAN: | | | | Account Type: | | | |
| 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: | | | |
| Branch number: Bank code: | | | | IBAN Intermediary Bank: | | | |
| Intermediary Bank Account No: | | SWIFT Code: | | | | **FEDWIRE NO. ( US BANKS ONLY)** | |

**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

**SECTION 7 QUESTIONNAIRE**



1. **Please provide copies of one/ both of the below Mandatory Supporting Documents**
   1. Business Registration Certificate
   2. Official document confirming tax registration status and number
2. 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 (POB) should clearly identify the bank name, bank account name (should be same as supplier name), account number, and other bank credentials such as SWIFT, routing number, and IBAN, where applicable.

Any of the following documents can be accepted:

1. Void cheque
2. Bank reference
3. Screenshot with online banking details without transactions or bank balance
4. Copy of the bank card with the account number
5. Copy of bank statements without details.
   1. Electronic fund transfer - please ensure the Bank Accounts section of the supplier profile is completed and

**provide Proof of Banking**

* 1. 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: