**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 SystemIndividual IGO/IFI/Multilateral/Bilateral organization Government Entity UNIV/Intl Research Institution  NGO/CSO Others:  |
| **Supplier type***: (Please tick one of the below):* |
| Supplier Individual (*please also select Person type below)* Travel Agency Programme Partner  |
| **Person type:** *(Please tick one of the below):*Staff UN Index ---- Personal Service Agreement UNV Fellows Intern Meeting Participants For others, please specify |

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

**Tax Country: Tax Registration Number**

|  |
| --- |
| **Contact 1: User Account** **SECTION 2 CONTACT INFORMATION** |
| 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 PhoneAddress Fax   Email v  **Address Purpose (Please tick the relevant box only)**City OrderingState Remit To Postal Code RFQ or Bidding Province  |

|  |
| --- |
| **SECTION 4 BUSINESS CLASSIFICATION** |
| Disabled owner Small Business ISO Certifications (please provide a copy of the certificate) Other Certifications Please ( please provide a copy)Minority-owned  Women-owned entity (51% or more)  Women-owned entity (51% or more) – self Proclaimed /Not extremally certified – extremally certified (please provide a copy of the certificate) 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, FuelIndustrial Equipment & Tools Components & Supplies Construction, Transportation & Facility Equipment & Supplies Medical, Laboratory & Test Equipment & Supplies & PharmaceuticalsFood, Cleaning & Service Industry Equipment & Supplies Business, Communication & Technology Equipment & SuppliesDéfense, 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**
2. Business Registration Certificate
*
1. Official document confirming tax registration status and number
*
1. 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:a) Void chequeb) Bank referencec) Screenshot with online banking details without transactions or bank balanced) Copy of the bank card with the account numbere) Copy of bank statements without details. a. Electronic fund transfer - please ensure the Bank Accounts section of the supplier profile is completed and *

 **provide Proof of Banking**  b. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |