



SUPPLIER PROFILE

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):

- | | |
|--|--|
| <input type="checkbox"/> Company/Cooperation | <input type="checkbox"/> UN System |
| <input type="checkbox"/> Individual | <input type="checkbox"/> IGO/IFI/Multilateral/Bilateral organization |
| <input type="checkbox"/> Government Entity | <input type="checkbox"/> UNIV/Intl Research Institution |
| <input type="checkbox"/> NGO/CSO | <input type="checkbox"/> Others: |

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

- | | |
|--|--|
| <input type="checkbox"/> Supplier | <input type="checkbox"/> Individual (please also select Person type below) |
| <input type="checkbox"/> Travel Agency | <input type="checkbox"/> Programme Partner |

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

- | | |
|---|---|
| <input type="checkbox"/> Staff UN Index ---- | <input type="checkbox"/> Personal Service Agreement |
| <input type="checkbox"/> UNV | <input type="checkbox"/> Fellows |
| <input type="checkbox"/> Intern | <input type="checkbox"/> Meeting Participants |
| <input type="checkbox"/> For others, please specify | |

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 | <input type="text"/> | Phone | <input type="text"/> |
| Address | <input type="text"/> | Fax | <input type="text"/> |
| | <input type="text"/> | Email | <input type="text"/> |
| | <input type="text"/> | Address Purpose (Please tick the relevant box only) | |
| City | <input type="text"/> | Ordering | <input type="checkbox"/> |
| State | <input type="text"/> | Remit To | <input type="checkbox"/> |
| Postal Code | <input type="text"/> | RFQ or Bidding | <input type="checkbox"/> |
| Province | <input type="text"/> | | |



SUPPLIER PROFILE

SECTION 4

BUSINESS CLASSIFICATION

| | |
|---|---|
| <input type="checkbox"/> Disabled owner <input type="checkbox"/> ISO Certifications (please provide a copy of the certificate) <input type="checkbox"/> Minority-owned <input type="checkbox"/> Women-owned entity (51% or more) (please provide a copy of the certificate) | <input type="checkbox"/> Small Business <input type="checkbox"/> Other Certifications Please (please provide a copy) <input type="checkbox"/> Women-owned entity (51% or more) – self Proclaimed /Not extremally certified – extremally certified <input type="checkbox"/> 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)

| | |
|--------------------------|---|
| <input type="checkbox"/> | Raw Materials, Chemicals, Paper, Fuel |
| <input type="checkbox"/> | Industrial Equipment & Tools |
| <input type="checkbox"/> | Components & Supplies |
| <input type="checkbox"/> | Construction, Transportation & Facility Equipment & Supplies |
| <input type="checkbox"/> | Medical, Laboratory & Test Equipment & Supplies & Pharmaceuticals |
| <input type="checkbox"/> | Food, Cleaning & Service Industry Equipment & Supplies |
| <input type="checkbox"/> | Business, Communication & Technology Equipment & Supplies |
| <input type="checkbox"/> | Défense, Security & Safety Equipment & Supplies |
| <input type="checkbox"/> | Personal, Domestic & Consumer Equipment & Supplies |
| <input type="checkbox"/> | Services |

SECTION 7

QUESTIONNAIRE



SUPPLIER PROFILE

1. Please provide copies of one/ both of the below Mandatory Supporting Documents

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- a. Business Registration Certificate
- b. 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:

- a) Void cheque
- b) Bank reference
- c) Screenshot with online banking details without transactions or bank balance
- d) Copy of the bank card with the account number
- e) 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: _____