

| SECTION 1 (For internal use only) | | UN INFORMATION | |
|--|---|---|--|
| Requesting Person (UN): First Name / Last Name / Extension I hereby confirm that I have followed the procurement manual and the information submitted is accurate. (Signature of requester) Date: | Supplier No. <i>OR</i> Resource No. | Is this new or an update to existing supplier?: <input type="checkbox"/> New <input type="checkbox"/> Update UNGM/ Claims Log check <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Supplier has direct contract agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No Grantee signature available: <input type="checkbox"/> Yes <input type="checkbox"/> No | Bank detail change <input type="checkbox"/> Yes <input type="checkbox"/> No Bank details verified: <input type="checkbox"/> Yes <input type="checkbox"/> No Supplier contact: (First & Last Name/ Extension): Include 3 months bank statements for suppliers and grantees | |
| UN Proxy: Name and Surname (Only applicable where grantees cannot sign their Supplier Registration Form) | | Signature of UN Proxy Date/ Place: | |

| SECTION 2 (For supplier/personnel to fill out) | | SUPPLIER/PERSONNEL INFORMATION | | | | | | | | | | | | | | | | | | |
|--|--|--|--|-----------------------|---|--|---|------------------------------------|--|---|--|--|---|--|--|--|---------------------------------------|--|--|--|
| Supplier Name/Person Name First Name / Middle Name/Last Name / Extension | | Date of birth: | Country: | VAT Reg. No.: | | | | | | | | | | | | | | | | |
| Parent Company Name (if applicable) | | Company Registration Number (Mandatory) | | UNGM Reg. No.* | | | | | | | | | | | | | | | | |
| Supplier Group (Select one of the below options) <table border="0" style="width:100%"> <tr> <td><input type="checkbox"/> Beneficiary Family</td> <td><input type="checkbox"/> Company (private or public)</td> <td><input type="checkbox"/> External Individual (including interviewer/ meeting participant)</td> <td><input type="checkbox"/> UN Agency</td> </tr> <tr> <td><input type="checkbox"/> Government Agency</td> <td><input type="checkbox"/> University/Educational Institution</td> <td><input type="checkbox"/> Financial Institution (including Insurance and Banking Institution)</td> <td><input type="checkbox"/> International NGO</td> </tr> <tr> <td><input type="checkbox"/> Regional Company</td> <td><input type="checkbox"/> IGO (Inter-Governmental Organization)</td> <td><input type="checkbox"/> Personnel (staff/ICA/UNV/SC/volunteer/intern)</td> <td><input type="checkbox"/> International Company</td> </tr> <tr> <td><input type="checkbox"/> Regional NGO</td> <td><input type="checkbox"/> NGO (Non-Governmental Organization)</td> <td></td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> Beneficiary Family | <input type="checkbox"/> Company (private or public) | <input type="checkbox"/> External Individual (including interviewer/ meeting participant) | <input type="checkbox"/> UN Agency | <input type="checkbox"/> Government Agency | <input type="checkbox"/> University/Educational Institution | <input type="checkbox"/> Financial Institution (including Insurance and Banking Institution) | <input type="checkbox"/> International NGO | <input type="checkbox"/> Regional Company | <input type="checkbox"/> IGO (Inter-Governmental Organization) | <input type="checkbox"/> Personnel (staff/ICA/UNV/SC/volunteer/intern) | <input type="checkbox"/> International Company | <input type="checkbox"/> Regional NGO | <input type="checkbox"/> NGO (Non-Governmental Organization) | | |
| <input type="checkbox"/> Beneficiary Family | <input type="checkbox"/> Company (private or public) | <input type="checkbox"/> External Individual (including interviewer/ meeting participant) | <input type="checkbox"/> UN Agency | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> University/Educational Institution | <input type="checkbox"/> Financial Institution (including Insurance and Banking Institution) | <input type="checkbox"/> International NGO | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Regional Company | <input type="checkbox"/> IGO (Inter-Governmental Organization) | <input type="checkbox"/> Personnel (staff/ICA/UNV/SC/volunteer/intern) | <input type="checkbox"/> International Company | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Regional NGO | <input type="checkbox"/> NGO (Non-Governmental Organization) | | | | | | | | | | | | | | | | | | | |

* UNOPS requires **Companies** to register with United Nations Global Marketplace on www.ungm.org (UN supplier database)

| SECTION 3 (For supplier/personnel to fill out) | | SUPPLIER/PERSONNEL CONTACT INFORMATION | | | |
|---|--|--|----------------|-------------------|---------|
| General/Permanent Street Address | | City | State/Province | Postal Code (Zip) | Country |
| SECOND Street Address (If 2nd address, provide purpose) | | City | State/Province | Postal Code (Zip) | Country |
| Beneficiary Contact Information Name Title Phone Email address | | AlternateContactPerson Name Title Phone Email address | | | |

| SECTION 4 | | SUPPLIER/PERSONNEL BANKING INFORMATION | | |
|---|--|--|---------|--|
| (For additional Bank Accounts, please provide additional forms) | | | | |
| Name of Banking Institution | | Name of Account Holder (Name as it appears on account; <i>Please make sure it is same name as the one you mention under Supplier Name/Person Name field in SECTION 2</i>) | | |
| Street Address | | Branch Name | Phone | |
| City | State/Province | Postal Code (Zip) | Country | |
| Bank transwire code information | | | | |
| IBAN Number | | SWIFT/BIC Code | | |
| Bank Account Number | | Clearing Code/Bank Code (e.g. ABA, ACH or routing No., IFSC, Transit No., BSB No., Sort Code, BLZ No.) | | |
| Branch code | | | | |
| Bank Account Currency <input type="checkbox"/> USD <input type="checkbox"/> Other: (Please specify) | Bank Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Saving <input type="checkbox"/> Other: (Please specify) | Currency of Payment <input type="checkbox"/> USD <input type="checkbox"/> Other: (Please specify) | | |
| Bank transwire code information for Intermediary Bank, if applicable | | | | |
| Name of Intermediary Bank | | Bank Country | | |
| IBAN Number | | SWIFT/BIC Code | | |
| Bank Account Number (of the beneficiary bank with the intermediary bank) | | Clearing Code/Bank Code (e.g. ABA, IFSC, Transit No., BSB No., Sort Code, BLZ No.) | | |
| Personnel/Supplier's Signature: | | Date/Place: | | |

Incomplete or erroneous information will prevent final credit of payments to your account
Only in exceptional cases are UNOPS personnel permitted to act as proxy for grantees. By signing the form, UNOPS proxy affirm that the information captured is accurate and that no conflict of interests exist.

CHANGES TO THE FORM:

1. Section introduced for UN Personnel/ Procurement Official to acknowledge compliance with the manual.

| SECTION 1 (For internal use only) | UN INFOR |
|---|----------|
| Requesting Person (UN): First Name / Last Name / Extension | |
| I hereby confirm that I have followed the procurement manual and the information submitted is accurate. | |
| (Signature of requester) | Date: |

2. Requestor must indicate whether grantee signature was obtained or if there will be a need for Proxy. Serves as a first check for UN Personnel to obtain accurate Grantee details.

| |
|--|
| Supplier has direct contract agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Grantee signature available: <input type="checkbox"/> Yes <input type="checkbox"/> No |

3. Requestor to confirm whether the UNGM/ Claims log was reviewed and UNGM registration number logged. Facilitate adherence to UNGM/ Claims Log check.

| | |
|--|----------------------|
| Is this new or an update to existing supplier?: <input type="checkbox"/> New <input type="checkbox"/> Update | UNGM Reg. No. |
| UNGM/ Claims Log check <input type="checkbox"/> Yes <input type="checkbox"/> No | |

4. UN Personnel acting as proxy must complete this field. Allows audit trail for exceptions.

| | | |
|--|-----------------------|--------------|
| UN Proxy: Name and Surname (Only applicable where grantees cannot sign their Supplier Registration Form) | Signature of UN Proxy | Date/ Place: |
|--|-----------------------|--------------|

5. Declaration by UN Personnel proxy to confirm that the grantee details are accurate. Enforces accountability and due diligence when capturing grantee data.

Incomplete or erroneous information will prevent final credit of payments to your account
Only in exceptional cases are UNOPS personnel permitted to act as proxy for grantees. By signing the form, UNOPS proxy affirm that the information captured is accurate and that no conflict of interests exist.