

(Please fill up the fields below accordingly)



FPU.SF-19.6

IOM International Organization for Migration
OIM Organisation Internationale pour les Migrations
OIM Organización Internacional para las Migraciones

VENDOR INFORMATION SHEET (VIS)

Name of the Company _____

Address Leased Owned Area: _____ sqm

House No _____

Street Name _____

Postal Code _____

City _____

Region _____

Country _____

Contact Numbers/Address

Telephone Nos. _____ Contact Person: _____

Fax No. _____

email Address _____ Website: _____

Location of Plant/Warehouse Leased Owned Area: _____ sqm

Business Organization Corporation Partnership Sole Proprietorship

Business License No.: _____ Place/Date Issued: _____ Expiry Date _____

No. of Personnel _____ Regular _____ Contractual/Casual _____

Nature of Business/Trade

Manufacturer Authorized Dealer Information Services

Wholesaler Retailer Computer Hardware

Trader Importer Service Bureau

Site Development/
Construction Consultancy Others _____

Number of Years in business: _____

Complete Products & Services

Payment Details

Payment Method Cash Check Bank Transfer Others _____

Currency Loc.Currency USD EUR Others _____

Terms of Payment 30 days 15 days 7 days upon receipt of invoice

Advance Payment Yes No % of the Total PO/Contract

Bank Details:

Bank Name _____

Bldg and Street _____

City _____

Country _____

Postal Code _____

Country _____

Bank Account Name _____

Bank Account No. _____

Swift Code _____

Iban Number _____



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Key Personnel & Contacts (Authorized to sign and accept PO/Contracts & other commercial documents)

Table with 3 columns: Name, Title/Position, Signature. Includes three rows of blank lines for data entry.

Companies with whom you have been dealing for the past two years with approximate value in US Dollars:

Table with 3 columns: Company Name, Business Value, Contact Person/Tel. No. Includes three rows of blank lines for data entry.

Have you ever provided products and/or services to any mission/office of IOM?

Yes No (checkboxes)

If yes, list the department and name of the personnel to whom you provided such goods and/or services.

Table with 3 columns: Name of Person, Mission/Office, Items Purchased. Includes three rows of blank lines for data entry.

Do you have any relative who worked with us at one time or another, or are presently employed with IOM? If yes, kindly state name and relationship.

Table with 3 columns for name and relationship. Includes three rows of blank lines for data entry.

Trade Reference

Table with 3 columns: Company, Contact Person, Contact Number. Includes three rows of blank lines for data entry.

Banking Reference

Table with 3 columns: Bank, Contact Person, Contact Number. Includes three rows of blank lines for data entry.

FOR IOM USE ONLY

Purchasing Organization

Account Group

Industry 001 002 003 (checkboxes)

- where 001 - Transportation related to movement of migrants
002 - Goods (e.g. supplies, materials, tools)
003 - Services (e.g. professional services, consultancy, maintenance)

Vendor Type Global Local (checkboxes)



VENDOR INFORMATION SHEET (VIS)

REQUIREMENTS CHECK LIST

Please submit the following documents together with the Information Sheet:

No.	Document	For IOM use only	
		Submitted	Not Applicable
1	Company Profile (including the names of owners, key officers, technical personnel)		
2	Company's Articles of Incorporation, Partnership or Corporation, whichever is applicable, including amendments thereto, if any.		
3	Certificate of Registration from host country's Security & Exchange Commission or similar government agency/department/ministry		
4	Valid Government Permits/Licenses		
5	Audited Financial Statements for the last 3 years*		
6	Certificates from the Principals (e.g. Manufacturer's Authorization, Certificate of Exclusive Distributorship, Any certificate for the purpose, indicating name, complete address and contact details)		
7	Catalogues/Brochures		
8	List of Plants/Warehouse/Service Facilities		
9	List of Offices/Distribution Centers/Service Centers		
10	Quality and Safety Standard Document / ISO 9001		
11	List of all contracts entered into for the last 3 years (indicate whether completed or ongoing) *		
12	Certification that Non-performance of contract did not occur within the last 3 years prior to application for evaluation based on all information on fully settled disputes or litigation		
13	For Construction Projects: List of machines & equipment (<i>include brand, capacity and indication if the equipment are owned or leased by the Contractor</i>)		

* For Competitive Biddings, number of years may increase depending on the estimated contract amount.

** Indicate if an item is not applicable. Failure to provide any of the documents mentioned above . will result in automatic "failed" rating.

I hereby certify that the information above are true and correct. I am also authorizing IOM to validate all claims with concerned authorities.

Received by:

Signature

Signature

Printed Name

Printed Name

Position/Title

Position/Title

Date

Date