



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

## VENDOR INFORMATION SHEET

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 ☐ PHP ☐ 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 (required if method of payment is by Bank Transfer)

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)

Name	Title/Position	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Company Name	Business Value	Contact Person/Tel. No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

☐ Yes

☐ No

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

Name of Person	Mission/Office	Items Purchased
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

_____	_____	_____
_____	_____	_____
_____	_____	_____

Trade Reference

Company	Contact Person	Contact Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Banking Reference

Bank	Contact Person	Contact Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

### FOR IOM USE ONLY

Purchasing Organization \_\_\_\_\_

Account Group \_\_\_\_\_

Industry ☐ 001 ☐ 002 ☐ 003

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



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## VENDOR INFORMATION SHEET

### 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 (include brand, capacity and indication if the equipment are owned or leased by the Contractor)		

\* 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