**VENDORS INFORMATION SHEET (VIS)**

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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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 E mail Address \_ Website: \_

Location of Plant/Warehouse Leased Owned Area**:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Business Organization Corporation Partnership Sole Proprietorship

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

No. of Personnel : Regular : Contractual/Casual :

Nature of Business/Trade :

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 \_

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 relatives 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

**REQUIREMENTS CHECKLIST**

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, and technical personnel) |   |   |
| 2 | Valid Government Permits/Licenses |   |   |
| 3 | Previous experience |  |  |