



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 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 _____
Postal Code _____
Country _____
Bank Account Name _____
Bank Account No. _____
Swift Code _____
Iban Number _____



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

VENDOR INFORMATION SHEET

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/ Email Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

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	Email Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Banking Reference

Bank	Contact Person	Email Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

FOR IOM USE ONLY

Purchasing Organization _____
 Account Group _____
 Industry 002 003 005 006
 where 002 - Goods/supplies/ material/ tools/ equipment
 003 - Services/maintenance/transport/security/construction
 005 - Consultants and experts non-IOM staff (e.g. professional services, consultancy, maintenance)
 006 - Implementing Partners, UN/NON-UN agencies, Int./Nat. CSOs, Govts.
 Vendor Type Global Local



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

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 government agency/department/ministry		
4	Audited Financial Statements for the last 3 years		
5	Certificates from the Principals (e.g., Manufacturer's Authorization, Certificate of Exclusive Distributorship, Local representation and Presence of network of services and or any certificate for the purpose), indicating name, complete address, and contact details. Local representation and services presence in the Greece are required. International companies should comply with this requirement.		
6	Tax & Social Security certificate clearance valid at the time of bid submission		
7	Catalogues/Brochures		
8	List of Offices/Distribution Centers/Service Centers		
9	Quality and Safety Standard Documents / ISO 9001		
10	List of all contracts entered into for the last 3 years (indicate whether completed or ongoing)		
11	Recommendation letters from well-known clients (including IOM)		
12	Signed IOM Code of Conduct for Suppliers		
13	Solemn Declaration 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		

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

Printed Name

Position/Title

Date

Signature

Printed Name

Position/Title

Date