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| **VENDOR MASTER DATA CREATION/CHANGE REQUEST FORM** |
| *This form is for general vendors only. For Air-Line vendors use Air-Ticket vendor information sheet* |
| ***Vendor No:*** |  |
| **NAME** |
| Title  | [ ]  Company | [ ]  Organization | [ ]  Individual | [ ]  Other |
| Vendor Name: | <\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_> |
| Purpose of vendor: | [ ]  Goods/supplies/ material/ tools/ equipment *[INDUSTRY:0002]* |
| (Industry code) | [ ]  Services/maintenance/transport/security/construction *[INDUSTRY:0003]* |
|  | [ ]  Consultants and experts non-IOM staff *[INDUSTRY:0005]* |
|  | [ ]  Implementing Partners, UN/NON-UN agencies, Int./Nat. CSOs, Govts*.[0006]* |
| *Corresponding reconciling Account: 0002>200200, 0003>200300, 0005>200400, 0006>200500* |
| **ADDRESS** |
| Street Name: | <\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_> | House No: | <\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_> |
| Postal/ZIP code\*: | <\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_> | City/Region: | <\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_> |
| Country: | <\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_> |
| ***\*Compulsory -if omitted form will be returned (see overleaf for details)*** |
| **CONTACT INFORMATION** |
| Telephone No #: | <\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_> | Contact : | <\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_> |
| Fax No: | <\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_> | Website: | <\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_> |
| Email address #: | <\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_> |
| ***# One field is compulsory, - enter both where possible (see overleaf for details)*** |
| **PAYMENT DETAILS** |
| Payment method: | Transfer>> |[ ]  Cheque>> |[ ]
| Payment Currency \*: | [ ]  Local  |  [ ]  **USD** | [ ]  **CHF** | [ ]  **Other** |
| Terms of payment:  | [ ] 30 [ ] 15 [ ]  7 days | [ ] Specify | <\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_> |
| ***\*Compulsory – if omitted form will be returned (see overleaf for details)*** |
| **BANK DETAILS** |
| Bank Name: | <\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_> |  |
| Bldg/ Street: | <\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_> | City:<\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_> |
| Account holder name: | <\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_> | Post/ZIP code:<\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_> |
| Account Number: | <\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_> | Country:<\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_> |
| SWIFT/Routing\*: | <\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_> |  |
| IBAN Number\*: | <\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_> |  |
| ***\*Compulsory – if omitted form will be returned (see overleaf for details)*** |
| COORDINATION/ PREPARATION |
| Requested by: | <\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_> | Signature: |  |
| Certify that vendor is not in UN CTC 1267 List [ ]  | Signature: |  |
| Approved by: | <\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_> | Signature: |  |
| RMO | <\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_> | Signature: |  |
| SRMO | <\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_> | Signature: |  |

*For audit/ verification purpose a copy of the Proforma-invoice or correspondence must be attached.*

*Enclose copy of company license, code of conduct, vendor information sheet for companies and organizations, and ID card/Passport and CV for individuals*

**Useful information for completing VCF** (even for one-time vendors all rules apply)

*Name section*

*When use for individuals like consultants please do include the title (Ms, Mr & Miss) in the “vendor name” line.*

*Purpose of vendor (industry code): Please select the appropriate category/ nature of the vendor which enables to select the correct* ***industry****. If you are not sure please do not hesitate to contact ACO or your focal point.*

*Address*

*All the fields should be present most* ***importantly*** *the* ***ZIP/Postal code****. This is an* ***obligatory field*** *and VCF will be* ***returned*** *with no correct ZIP/Postal code.*

*Contact Information*

*PRIZM automatically sends message to the email attached to vendor upon payments – so it is important to have a valid email address. Phone number also should be included where possible.*

*Where possible all other fields should also be completed.*

*Payment Details*

***Payment currency*** *of the vendor* ***MUST be*** *clearly* ***marked*** *in order to avoid additional bank charges and/or delay in payments. Please check the box other and write the applicable currency.*

*Negotiations may lead to favorable terms opposed to what is indicated in the invoice hence Indicate payment terms clearly. Check the specify box and add notes space next to it.*

*Bank Details*

*Account holder name must be clearly indicated as in some cases vendor name may vary from the “account holder name”.*

***SWIFT*** *code must be present for* ***all bank accounts***

***IBAN*** *must be accompanied with SWIFT for all* ***European banks****.*

***Routing*** *number must be present for all* ***US banks****.*

*Please contact TSY or ACO if you have any doubt.*

*Coordination/Preparation*

*Special attention should be placed to check all names against the list produced by the UN in accordance with United Nations Security Council Resolution 1267.*

*Only duly coordinated VCF are entered into PRISM hence please do coordinate with requested parties.*

*Attachments:*

*Companies/ Suppliers: Where applicable proforma invoice and related correspondence regarding banking details should be attached.*

*Individuals: Copy of the Contract signed with IOM together with any correspondence to verify banking details should be attached.*