

SECTION 1 (For internal use only)

UN INFORMATION
Requesting Person (UN)

First Name / Last Name / Extension

E-mail address

Supplier No.:

OR

Resource no.:
Submission date (dd-mm-yy)

Type of Update for oneUNOPS
☐ new
☐ modify
☐ inactivate

SECTION 2
SUPPLIER INFORMATION
Supplier Name/Person Name

First Name / Middle Name/Last Name / Extension

Country Myanmar

United Nations Global Marketplace Registration Number¹ (Mandatory for companies)

Company Registration Number (Mandatory)

VAT Registration Number (if applicable)

Parent Company Name (if applicable)

Web Site URL

Supplier Group (Select one of the below options)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Beneficiary Family | <input type="checkbox"/> Company (private or public) | <input type="checkbox"/> External Individual (including interviewer/ meeting participant) | <input type="checkbox"/> UN Agency |
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> University/Educational Institution | <input type="checkbox"/> Financial Institution (including Insurance and Banking Institution) | <input type="checkbox"/> International NGO |
| <input type="checkbox"/> Regional Company | <input type="checkbox"/> IGO (Inter-Governmental Organization) | <input type="checkbox"/> Personnel (staff/ICA/UNV/SC/volunteer/intern) | <input type="checkbox"/> International Company |
| <input type="checkbox"/> Regional NGO | <input type="checkbox"/> NGO (Non-Governmental Organization) | | |

SECTION 3
SUPPLIER INFORMATION (Contact information)

General/Permanent Street Address

City State/Province Postal Code (Zip) Country

SECOND Street Address (If 2nd address, provide purpose)

City State/Province Postal Code (Zip) Country

Contact Person

Name Title :

Phone Fax

E-mail Address

Alternate Contact Person

Name Title

Phone Fax

E-mail Address

SECTION 4
BANKING INFORMATION (For additional Bank Accounts, please provide additional forms)

Name of Banking Institution

Beneficiary Name of Account (Name as it appears on account) *Please make sure it is same name as the one you mention under Supplier Name/Person Name field in SECTION2)*

Street Address

Branch Name Phone

City State/Province

Postal Code (Zip) Country

Bank transwire code information

IBAN Number

SWIFT/BIC Code

Bank Account Number

Clearing Code/Bank Code (e.g. ABA, ACH or routing No., IFSC, Transit No., BSB No., Sort Code, BLZ No.)

Branch code

Bank Account Currency

Currency of Payment

☐ USD

☐ USD

☐ Other: (Please specify)

☐ Other: (Please specify)

Bank transwire code information for Intermediary Bank*, if applicable

Name of Intermediary Bank

Bank Country

IBAN Number

SWIFT/BIC Code

Bank Account Number (of the beneficiary bank with the intermediary bank)

Clearing Code/Bank Code (e.g. ABA, IFSC, Transit No., BSB No., Sort Code, BLZ No.)

Signature

Date, place

Incomplete or erroneous information will prevent final credit of payments to your account

1 UNOPS requires **Companies** to register with United Nations Global Marketplace on www.ungm.org (UN supplier database)