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| *Medical Teams Use* |
| **Supplier Registration No.** |
|  |

**Supplier Registration Form**

*Suppliers must accurately and honestly complete all available information below. Supporting attachments should also be included and listed below. Medical Teams agrees to keep all information confidential.*

1. **COMPANY DETAILS**

|  |
| --- |
| Company Name (*include legal name and other names*): |
|  |
| Street Address | PO Box or Mailing Address (optional) |
|  |  |
| Postal Code |  | City |  | Postal Code |  | City |  |
| Country |  | Country |  |
| Telephone |  | Fax |  |
| Email |  | Website |  |

|  |
| --- |
| Parent Company Legal Name (if any) |
|  |
| Subsidiaries, Associates - name, city, country (*attach a list if necessary*): |
|  |
| International Offices/Representation (c*ountries where* *the Company has local Offices/Representation*): |
|  |
| Type of business (*mark only one*) |
|[ ]  Corporation/LLC  |[ ]  Partnership |[ ]  Sole Proprietor |[ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Nature of business  |
|[ ]  Manufacturer |[ ]  Agent |[ ]  Trader |[ ]  Consulting |[ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Year established |  | Number of full-time employees |  | VAT/Tax ID |  |
| License/Registration Number(s) |  |
| List all languages you can communicate with |  |

1. **BANKING DETAILS** (optional)

|  |  |
| --- | --- |
| Bank and Branch Name(s) |  |

|  |  |
| --- | --- |
| Branch Address | Telephone Number(s) |
|  |  |
| Postal Code |  | City |  | Swift/Bank Identifier Code (BIC): |  |
| Country |  |
| Routing Number |  | IBAN Number(s) |  |
| Account Number 1 |  | Account Name |  | Currency |  |
| Account Number 2 |  | Account Name |  | Currency |  |
| Other Comments |  |

1. **TECHNICAL CAPACITY AND GOODS/SERVICE OFFERED**

|  |
| --- |
| List any quality assurance certifications (e.g. ISO 9000) and include most recent copies |
|  |
| For goods, do you conform to national/international quality standards? If yes, describe below. |
|  |
| List up to ten of your core goods/service provided and their quality standards (optional) |
| *Description (one line for each)* | *National/International Quality Standards applied* |
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1. **EXPERIENCE**

|  |
| --- |
| Annual value of Total Gross Sales (last 3 years) |
| Year |  | Sales |  | Year |  | Sales |  | Year |  | Sales |  |
| Have you included a copy of the most recent annual report? |  | If yes, what year? |  |
| Have you included a copy of a recent credit rating report? |  | If yes, what year? |  |
| Do you have outstanding bankruptcy, judgment or pending legal action that might impact your ability to provide goods or services? |
| [ ]  Yes [ ]  No | If yes, please explain: |  |
| List any recent contracts with the UN and Non-Government Organization (NGO), including Medical Teams |
| *Organization* | *Value* | *Year* | *Goods/Services Supplies* | *Destination* |
|  |  |  |  |  |
|  |  |  |  |  |
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1. **ETHICAL PRACTICES**

*Note: Any inaccurate information below may result in the termination of all contracts between your company and Medical Teams International as well as removal from the approved supplier database.*

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| --- |
| Have you read, understood and signed the Medical Teams Supplier Code of Conduct? |
| [ ]  Yes [ ]  No If yes, please attach a copy. If not, please consult your Medical Team focal point. |
| Does your Company have a written Statement of its Environmental Policy? (If yes, please attach a Cop) |
| [ ]  Yes [ ]  No If yes, please attach a copy. |
| Write down the name, qualification and contact details of your company’s environmental focal point. |
| *Name* | *Qualification* | *Telephone* | *Email* |
|  |  |  |  |
| Does your Company have any current environment accreditations? (*e.g. ISO 14001*) |
| [ ]  Yes [ ]  No If yes, please attach a copy. |
| Is your company, or any of its subsidiary or affiliated entities, engaged in the sale or manufacture, either directly or indirectly, of anti-personnel mines or anti-personnel mine components?  |
| [ ]  Yes [ ]  No If yes, please describe: |
| Does your company employee any persons below the age of 18? | [ ]  Yes [ ]  No  |
| MTI has a “zero tolerance” policy that strictly prohibits the acceptance of any type of gift and/or hospitality by Medical Teams staff participating in the procurement process. Do you agree to follow this policy? | [ ]  Yes [ ]  No |

1. **OTHER INFORMATION**

|  |
| --- |
| Please list any disputes that your company has been involved in with NGOs in the last 3 years (optional). |
|  |
| List any national or international trade or professional organizations that your company is a member of. |
|  |
| Is your company registered with the United Nations Global Marketplace (UNGM)?  |  [ ]  Yes [ ]  No  |
| If yes, please provide registration number |  |

1. **ACKNOWLEDEMENT AND SIGNATURES**

I, the undersigned, hereby accept the Medical Teams Supplier Code of Conduct, a copy of which has been provided to me, and confirm that the information provided in this form is correct and, in the event of changes, details will be provided as soon as possible. I am authorized on behalf of this company to share the above information and sign for its legitimacy.

I, the undersigned, declare that:

(a) Our company is not involved in any fraudulent or corrupt activities and has not been in the past, and is not currently under any investigation for any such activities which would render our company unsuitable for business dealing with Medical Teams.

(b) Our company is not on, or associated with a company or individual, groups, undertakings and entities that are on the consolidated list established and maintained by the committee established by the UN Resolution No. 1267 (https://www.un.org/securitycouncil/content/un-sc-consolidated-list).

(c) Our company is not on, or associated with a company or individual that are subject to the list of Independent Inquiry Committee into United Nations

(d) Our company is not currently removed, invalidated or suspended by any other UN Headquarters, or Field Offices or any other Non-Governmental Organizations (including the World Bank).

|  |  |  |  |
| --- | --- | --- | --- |
|  | Supplier Representative | Supplier Second (optional) | Medical Teams Focal Point |
| Name |  |  |  |
| Title |  |  |  |
| Date |  |  |  |
| Signature |  |  |  |

1. **REFERENCES**

Provide at least two business references, preferably from the humanitarian sector.

|  |  |
| --- | --- |
| Business name |  |
| Address |  |
| Contact name |  |
| Telephone number |  |
| Email |  |
| Goods/services provided |  |
| Number of years providing goods/services to the business |  |

|  |  |
| --- | --- |
| Business name |  |
| Address |  |
| Contact name |  |
| Telephone number |  |
| Email |  |
| Goods/services provided |  |
| Number of years providing goods/services to the business |  |

|  |  |
| --- | --- |
| Business name |  |
| Address |  |
| Contact name |  |
| Telephone number |  |
| Email |  |
| Goods/services provided |  |
| Number of years providing goods/services to the business |  |

|  |  |
| --- | --- |
| Business name |  |
| Address |  |
| Contact name |  |
| Telephone number |  |
| Email |  |
| Goods/services provided |  |
| Number of years providing goods/services to the business |  |