**Anexo 4**

**Formulario Información del Proponente**

|  |  |  |
| --- | --- | --- |
| **SECCION 1 (Solo para uso interno) UN INFORMATION** | | |
| **Contacto PNUD (solicitante):** | **Fecha:** | **Atlas Vendor No:** |
| First Name / Last Name/Extension | | **UN Index No:** |
| **Vendor Type:** **STAFF MEMBER**  **RETIREE**  **UNV**  **SC**  **FAMILY BENEFICIARY**  **SSA/iC/RLA**  **MEETING PARTICIPANT**  **FELLOW**  **PARTNER-GOV**  **PARTNER-IGO/NGO**  **PARTNER-GRANT**  **SUPPLIER-IND**  **SUPPLIER-COM**  **SUPPLIER-NGO/IGO**  **SUPPLIER-UNIV**  **UN AG**  **DONOR** | | |
| **CREAR VENDOR Y TRAVEL ID PARA MODULO T&E:**  **SI**  **no** | | |
| **eliJA METODO DE PAGO** **CHEQUE**  **TRANSFERENCIA BANCARIA**  **VALE VISTA (RETIRA EN BANCO DE CHILE)**  (MANDATORIO COMPLETAR SECCION 4) | | |

**Complete la SECCION 2 o 3 (nunca ambas)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECCION 2 INFORMACION PERSONAL (Solo Personas Naturales)** | | | | | | | | | | | | | | | | | | |
| Apellido Paterno Apellido Materno Nombres | | | | | | | | | | | | | | | | | | |
| Nacionalidad: | | | | | | | | | RUT: | | | | | | | | | |
| Dirección | | | | | | | | | | | | | | | | | | |
| Ciudad Comuna/región Código Postal País | | | | | | | | | | | | | | | | | | |
| E-mail Address | | | | | | Numero de telefono: | | | | | | | Numero de Pasaporte (Si corresponde): | | | | | |
| **SECCION 3 INFORMACION EMPRESAS (Solo Personas Jurídicas)** | | | | | | | | | | | | | | | | | | | |
| Razón Social: | | | | Nombre de Fantasía Empresa (si aplica) | | | | | | | | | RUT: | | | | | | |
| Dirección: | | | | | | | | | | | | | | | | | | | |
| Ciudad:       Comuna/región: | | | | | | | | | | | | | País | | | | | | |
| **Persona de Contacto** | | | **Telefono** | | | | | | | | | | **Fax** | | | | | | **E-mail** |
| Name:  Cargo: | | |  | | | | | | | | | |  | | | | | |  |
| **SECCION 4 INFORMACION BANCARIA DEL BENEFICIARIO DEL PAGO** | | | | | | | | | | | | | | | | | | | | |
| Nombre del Banco | | | | | | | | | | | | | | | | | | | | |
| Cuenta: | | | Default account  YES  NO | | | | **For US banks only use whether: (9 digits)**  ACH   Fed wire | | | | | | | | | | **SWIFT codigo de 8 a 11 caracteres:** | | | |
| Branch ID: (**for Canadian Banks only**) 9 digits routing no. | | | | | | | | | | Branch Name: | | | | | | | | | | |
| Dirección: | | | | | | | | | | | | | | | | | | | | |
| Ciudad Comuna/Región Postal Code Pais | | | | | | | | | | | | | | | | | | | | |
| **SECCION 5 BENEFICIARY BANK ACCOUNT DETAILS** | | | | | | | | | | | | | | | | | | | | |
| Nombre de la Cuenta: (nombre que aparece en la cuenta de banco) | | | | | | | | | | | | | Moneda de la cuenta  US$  Other (PLEASE INDICATE) \_\_\_ | | | | | | | |
| Cuenta de BancoNo. : | | | | | | | | | | | | | Tipo de Cuenta:  Corriente  Ahorro | | | | | | | |
| IBAN (European Banks)\_Boxes for max number of digits: | | | | | | | | | | | | | | | | | | | | |
| Transit Code ( 5 digit ) Canadian Banks | | | | | | | | | Sort Code (6 digits ) UK Banks | | | | | | | BSB code (6 digit) Australia Banks | | | | |
| **Información Bancaria/Banco Intermediario (solo para transferencias en monedas distintas a CLP)** | | | | | | | | | | | | | | | | | | | | |
| Nombre del Banco : | | | | | | | | | | | | | Dirección Banco: | | | | | | | |
| N° Cuenta bancaria del banco intermediario: | | | | | | | | | | | | | SWIFT Code: | | | | | | **Fed wire No. ( US banks only)** | |
| **SECTION 6 PERFIL DE VIAJERO PARA MODULO T&E INFO A LLENAR INTERNAMENTE (adjuntar pasaporte)** | | | | | | | | | | | | | | | | | | | | |
| Nota – Complete esta seccion solo si el perfil del pasajero debe actualizarse en el modulo T&E | | | | | | | | | | | |  | | | | | | | | |
| Set ID: | | | | | | Vendor BU: | | | | | | | | | | | |  | | |
| Nombres (segun pasaporte): | | | | | | Apellidos (segun pasaporte): | | | | | | | | | | | | Nota: Deje en blanco si la informacion esta disponible en el pasaporte o en la copia de la tarjeta de identificacion. | | |
| Fecha de Nacimiento: | | | | | | Lugar de Nacimiento: | | | | | | | | | | | |

**Yo, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , en mi capacidad como \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, autorizo a PNUD a realizar pagos a la cuenta informada en este formulario.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**