|  |  |  |
| --- | --- | --- |
| **SECTION 1 (For Internal Use only) UN INFORMATION** | | |
| **Requesting Person:** | **Date:** | **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 | | |
| add vendor’s travel profile in T&E module :  yes  no | | |
| eXPORT TO Ultramar  yes (if ticket will be purchased from H.Q travel Agency)  no | | |

**Complete either Section 2 or Section 3 (not both)**

|  |  |  |  |
| --- | --- | --- | --- |
| SECTION 2 PERSON INFORMATION (For Individuals only) | | | |
| Last Name First Name Middle Name | | | |
| Nationality | | Sex: Male  Female | |
| Address | | | |
| City, State/Province/County Postal Code (ZIP) Country | | | |
| E-mail Address | Telephone Number | | Passport/National Identification Number (as applicable): |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SECTION 3 SUPPLIER INFORMATION (For Companies only) | | | | |
| Company Name: | | Parent Company Name (if applicable) | Web Site URL: (if applicable) | |
| Street Address | | | | |
| City State/Province/County Postal Code | | | Country | |
| **Contact Person (MAIN ADDRESS)** | **Telephone** | | **Fax** | **E-mail Address** |
| Name:  Title: |  | |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 4 BENEFICIARY BANKING INFORMATION** | | | | | | | | |
| Bank Name | | | | | | | | |
| Bank ID: | Default account  YES  NO | **For US banks only use whether: (9 digits)**  ACH   Fed wire | | | | | **SWIFT code 8 or 11 characters (required for overboard payments)** | |
| Branch ID: (**for Canadian Banks only**) 9 digits routing no. | | | | Branch Name: | | | | |
| Street Address: | | | | | | | | |
| City State/Province Postal Code Country | | | | | | | | |
| **SECTION 5 BENEFICIARY BANK ACCOUNT DETAILS** | | | | | | | | |
| Account Name: (name as it appears on bank account) | | | | | Bank Account Currency  US$  Other (PLEASE INDICATE) \_\_\_ | | | |
| Bank Account No. : | | | | | Account Type:  Checking  Savings | | | |
| 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 | | |
| **Bank Information for Intermediary/Correspondent Bank ( if applicable)** | | | | | | | | |
| Name of Bank : | | | | | Address of Bank : | | | |
| Bank Account No  (of beneficiary bank with intermediary bank) | | | | | SWIFT Code: | | | **Fed wire No. ( US banks only)** |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 6 TRAVEL AND EXPENSES PROFILE UPDATE (as per passport)** | | | |
| Note - Kindly fill up this section only if the vendor’s travel profile needs to be updated in T&E module. | |  | |
| SetID | Vendor BU | |  |
| First Name (As in Passport): | Last Name (As in Passport): | | Note: Leave blank if the information is available in passport or ID card copy. |
| Date of Birth | Place of Birth | |

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in my capacity as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize the agency to direct**

**payments for goods and services to the above account. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**