


**VENDOR REGISTRATION FORM**
**REF:**

For any order with value over \$1,000, vendors/bidders must register with International Medical Corps. If not already a registered vendor, please provide information/documentation as listed on the attached sheet, and confirmation of adherence to International Medical Corps standard Terms and Conditions. This document should be filled by International Medical Corps staff member

<b>COUNTRY</b>	
<b>FIELD SITE</b>	
<b>DATE OF REGISTRATION</b>	
<b>NAME OF BUSINESS</b>	
<b>CATEGORY OF SERVICES / SUPPLIES</b>	
<b>Owner / Manager / Official Representative name</b>	
<b>Vendor address</b>	
<b>Vendor City/Location incl. Zip code</b>	
<b>Vendor Country</b>	
<b>Phone Number including dial code</b>	
<b>Email (for sending RFQ/ITT)</b>	
<b>Web</b>	
<b>Operating hours</b>	
<b>Agreed mean of payment (E-pay)</b>	
<b>Agreed payment terms (30-day from receipt)</b>	
<b>Bank account details</b>	
<b>Legal Registration (number / on file)</b>	DOC ON FILE YES / NO
<b>Type of business registered for</b>	
<b>Owner Name</b>	
<b>Owner /Manager / Official Representative ID number (copy on file)</b>	DOC ON FILE YES / NO
<b>Tax certification number (on file)</b>	DOC ON FILE YES / NO
<b>W9 form (for USA vendors)</b>	DOC ON FILE YES / NO
<b>Initial Bridger Insight check on file?</b>	DOC ON FILE YES / NO
<b>Signed Supplier Code of Conduct</b>	DOC ON FILE YES / NO
<b>Signed Master Terms &amp; Conditions</b>	DOC ON FILE YES / NO
<b>Vendor pre-qualified for (type of goods and/or services)</b>	DOC ON FILE YES / NO
<b>Date of the pre-qualification</b>	
<b>Physical inspection done / date</b>	DOC ON FILE YES / NO
<b>Vendor verification done / date</b>	DOC ON FILE YES / NO
<b>Vendor turnover / year (mention year)</b>	
<b>Number of staff directly employed</b>	
<b>Ownership of equipment (where applicable)</b>	
<b>Classify for US Procurement only: Small Business source (Veteran owned, HUBZone, disadvantaged, economically disadvantaged Women owned), or Minority Serving Institution.</b>	
<b>Other</b>	
<b>REFERENCE CONTROL</b>	CLIENT TYPE OF CONTRACT CONTACT CONTROL DONE? REFERENCE REPORT ON FILE?
<b>Reference 1</b>	YES / NO
<b>Reference 2</b>	YES / NO
<b>Reference 3</b>	YES / NO
<b>Reference 4</b>	YES / NO
<b>COMMENTS: Sign and Stamp</b>	
<b>REGISTRATION DONE BY (User)</b>	<b>INTERNATIONAL MEDICAL CORPS</b>
<b>Name / Position / Date / Signature / Stamp</b>	
<b>VALIDATION BY (Logistics Desk Officer)</b>	<b>INTERNATIONAL MEDICAL CORPS</b>
<b>Name / Position / Date / Signature / Stamp</b>	