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| **Vendor Form**

|  |  |
| --- | --- |
| **Company /Individual Entrepreneur Name** |    |
| **Contract Currency** |   |
| **Tax ID** |   |
| **Banking details:** |   |
| **Beneficiary account name** |   |
| **Beneficiary postal address** |   |
| **Beneficiary Bank name** |   |
| **SWIFT code** |   |
| **Intermediary bank name (if necessary)** |   |
| **Intermediary bank SWIFT (if necessary)** |   |
| **Beneficiary account number** |   |
| **Bank Code (for CND, GBP, EU payments)** |   |
| **Transit (for CND, USD payments)** |   |
| **IBAN (for EU, USD, GBP payments)** |   |
| **ABA (if no SWIFT code)** |   |
| **Main business activity/commodity type** |   |
| **Contact person (for remittance)** |   |
| **Telephone** |   |
| **Fax** |   |
| **E-mail (for remittance)** |   |
| **Authorized person** |   |
| **Title**  |   |
| **Signature** |   |
| **Stamp** |   |
|  |   |
| **Procurement Department/Other Requestors (for office use only!)** |   |
| **Category** |   |
| **Subcategory** |   |
| [**Reviewing for the entity noted in below:**](https://urldefense.proofpoint.com/v2/url?u=http-3A__www.ebrd.com_ineligible-2Dentities.html&d=CwMGaQ&c=LNr1y_GQ81T8BtXNXzp4y74M1Vtgn1gm6blkqPpTxlo&r=Tf99O8SVxKPr40uX5Y5VG9aaf3RA0_Uy6wZlIo0Dlic&m=TYsDw3sSgVfSTewdiC_9e3wDcRJs2kaVVeRqcZBXAno&s=4LC0L8oZZrkZAsxzzTsLeWc4E9VrECdYgFnZg8Xphws&e=) |  Rewied by Procurement/Requestor:  |
| [http://www.ebrd.com/ineligible-entities.html](https://urldefense.proofpoint.com/v2/url?u=http-3A__www.ebrd.com_ineligible-2Dentities.html&d=CwMGaQ&c=LNr1y_GQ81T8BtXNXzp4y74M1Vtgn1gm6blkqPpTxlo&r=Tf99O8SVxKPr40uX5Y5VG9aaf3RA0_Uy6wZlIo0Dlic&m=TYsDw3sSgVfSTewdiC_9e3wDcRJs2kaVVeRqcZBXAno&s=4LC0L8oZZrkZAsxzzTsLeWc4E9VrECdYgFnZg8Xphws&e=) |  Reviewed by AP:  |
| ***1. Questionnaire*** |   |
|  Procurement Department review | Date&Time: Signature:  |
| ***2. Call directly Supplier for confirmation of bank account*** |   |
| Tel. No:  | Contact person&position:  |
|   |   |
| Date&Time:  | Signature: |
| ***3. Other checks\**** |   |
|  I. | Date&Time: Signature:  |
|  II. | Date&Time: Signature:  |
| **AP Department (for office use only!)** |   |
| ***1. Call directly Supplier for confirmation of bank account*** |   |
| Tel. No:  | Contact person&position:  |
|   |   |
| Date&Time:  | Signature: |
| ***2. Other checks\**** |   |
|  I. | Date&Time: Signature:  |
|  II. | Date&Time: Signature:  |
| Please provide extract or copies of relevant registration certificates |
| \* Optional |  |
|  |  |
| **NOTE: In case of changes, please fill in the applicable field only**. |

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