|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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**. | | |