**Supplier/Person profile**



**Section 1: Commercial Suppliers (****for** **commercial suppliers only)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Supplier name:** |  | | | |
| **Supplier Type** |  | | | |
| **Supplier Information and Address** | **Company registration/TIN number** | |  | |
| **VAT Registration No.** | |  | |
| **Country** | |  | |
| **City** | |  | |
| **Province /k/k** | |  | |
| **Woreda** | |  | |
| **House No.** | |  | |
| **Postal code** | |  | |
| **Street,** | |  | |
| **Telephone** | |  | |
| **Fax No. if applicable** | |  | |
| **Email** | |  | |
| **Contact person** | |  | |
| **Contact person title** | |  | |
| **Section 2: Person Information (for** **Individuals only)**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Name (as it appears in the bank)** | | | |  | | | **Nationality** | |  | | **Sex** | **Address** | |  |  | | **City** |  | **Country** |  | **Telephone** | **Email address** | |  |  | |  | |  | |  |  | | **Section 3: Detail Bank information** | | | |  |  | | | | | |
| **Banking Information** | **Name of Bank** | |  | |
| **Account Name, (as it appears on bank account)** | |  | |
| **Branch name** | |  | |
| **Bank account Number** | |  | |
| **Bank account currency** | |  | |
| **Country** | |  | |
| **City** | |  | |
| **Bank ID: SWIFT CODE** | |  | |
| **Bank ID: ACH Number for US banks, this is a9-digit number & may not be the same as ABA number** | |  | |
| **IBAN Number, for European banks** | |  | |
| **Sort code, for GBP and AUD, (6 digit #)** | |  | |
| **Transit number (5 digits) for Canadian banks, if applicable** | |  | |
| **Account type (saving, checking….)** | |  | |
| **Payment method (BL, CQ, WT…)** | |  | |
| **Street address** | |  | |
| **Bank information for intermediary bank** | **Name of bank** | |  | |
| **Bank address** | |  | **SWIFT CODE** |
|  |
| **Bank account number (of Beneficiary bank with intermediary bank)** | |  | **ABA Number (for US banks)** |
| I confirm that the above information provided is true, accurate, and up to date to the best of my knowledge. I further declare that I have the authority to provide this information on behalf of Company name………………………………………., and I take full responsibility for its authenticity. I will promptly inform ILRI in writing of any changes or updates to the provided information. | | | | |
| Name……………………………………………………………………………… | | Official rubber stamp | | |
| Title………………………………………………………………………………. | |  | | |
| Signature…………………………………………………....................... | |
| Date………………………………………………………………………………. | |