



Medical Teams Use
Supplier Registration No.

## Supplier Registration Form

Suppliers must accurately and honestly complete all available information below. Supporting attachments should also be included and listed below. Medical Teams agrees to keep all information confidential.

### 1. COMPANY DETAILS

Company Name (include legal name and other names):									
Street Address					PO Box or Mailing Address (optional)				
Postal Code		City			Postal Code		City		
Country					Country				
Telephone					Fax				
Email					Website				
Parent Company Legal Name (if any)									
Subsidiaries, Associates - name, city, country (attach a list if necessary):									
International Offices/Representation (countries where the Company has local Offices/Representation):									
Type of business (mark only one)									
<input type="checkbox"/>	Corporation/LLC	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Sole Proprietor	<input type="checkbox"/>	Other		
Nature of business									
<input type="checkbox"/>	Manufacturer	<input type="checkbox"/>	Agent	<input type="checkbox"/>	Trader	<input type="checkbox"/>	Consulting	<input type="checkbox"/>	Other
Year established				Number of full-time employees					VAT/Tax ID
License/Registration Number(s)									
List all languages you can communicate with									

## 2. BANKING DETAILS (optional)

Bank and Branch Name(s)					
Branch Address			Telephone Number(s)		
Postal Code		City		Swift/Bank Identifier Code (BIC):	
Country					
Routing Number			IBAN Number(s)		
Account Number 1		Account Name		Currency	
Account Number 2		Account Name		Currency	
Other Comments					

## 3. TECHNICAL CAPACITY AND GOODS/SERVICE OFFERED

List any quality assurance certifications (e.g. ISO 9000) and include most recent copies	
For goods, do you conform to national/international quality standards? If yes, describe below.	
List up to ten of your core goods/service provided and their quality standards (optional)	
<i>Description (one line for each)</i>	<i>National/International Quality Standards applied</i>

#### 4. EXPERIENCE

Annual value of Total Gross Sales (last 3 years)											
Year		Sales		Year		Sales		Year		Sales	
Have you included a copy of the most recent annual report?										If yes, what year?	
Have you included a copy of a recent credit rating report?										If yes, what year?	
Do you have outstanding bankruptcy, judgment or pending legal action that might impact your ability to provide goods or services?											
<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain:									
List any recent contracts with the UN and Non-Government Organization (NGO), including Medical Teams											
<i>Organization</i>		<i>Value</i>		<i>Year</i>		<i>Goods/Services Supplies</i>			<i>Destination</i>		

#### 5. ETHICAL PRACTICES

*Note: Any inaccurate information below may result in the termination of all contracts between your company and Medical Teams International as well as removal from the approved supplier database.*

Have you read, understood and signed the Medical Teams Supplier Code of Conduct?			
<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please attach a copy. If not, please consult your Medical Team focal point.	
Does your Company have a written Statement of its Environmental Policy? (If yes, please attach a Cop)			
<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please attach a copy.	
Write down the name, qualification and contact details of your company's environmental focal point.			
<i>Name</i>	<i>Qualification</i>	<i>Telephone</i>	<i>Email</i>
Does your Company have any current environment accreditations? (e.g. ISO 14001)			
<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please attach a copy.	
Is your company, or any of its subsidiary or affiliated entities, engaged in the sale or manufacture, either directly or indirectly, of anti-personnel mines or anti-personnel mine components?			
<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please describe:	
Does your company employ any persons below the age of 18?			<input type="checkbox"/> Yes <input type="checkbox"/> No
MTI has a "zero tolerance" policy that strictly prohibits the acceptance of any type of gift and/or hospitality by Medical Teams staff participating in the procurement process. Do you agree to follow this policy?			<input type="checkbox"/> Yes <input type="checkbox"/> No

#### 6. OTHER INFORMATION

Please list any disputes that your company has been involved in with NGOs in the last 3 years (optional).
---



List any national or international trade or professional organizations that your company is a member of.	
Is your company registered with the United Nations Global Marketplace (UNGM)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide registration number	

## 7. ACKNOWLEDEMENT AND SIGNATURES

I, the undersigned, hereby accept the Medical Teams Supplier Code of Conduct, a copy of which has been provided to me, and confirm that the information provided in this form is correct and, in the event of changes, details will be provided as soon as possible. I am authorized on behalf of this company to share the above information and sign for its legitimacy.

I, the undersigned, declare that:

(a) Our company is not involved in any fraudulent or corrupt activities and has not been in the past, and is not currently under any investigation for any such activities which would render our company unsuitable for business dealing with Medical Teams.

(b) Our company is not on, or associated with a company or individual, groups, undertakings and entities that are on the consolidated list established and maintained by the committee established by the UN Resolution No. 1267 (<https://www.un.org/securitycouncil/content/un-sc-consolidated-list>).

(c) Our company is not on, or associated with a company or individual that are subject to the list of Independent Inquiry Committee into United Nations

(d) Our company is not currently removed, invalidated or suspended by any other UN Headquarters, or Field Offices or any other Non-Governmental Organizations (including the World Bank).

	Supplier Representative	Supplier Second (optional)	Medical Teams Focal Point
Name			
Title			
Date			
Signature			

## 8. REFERENCES

Provide at least two business references, preferably from the humanitarian sector.

Business name		
Address		
Contact name		
Telephone number		
Email		
Goods/services provided		
Number of years providing goods/services to the business		

Business name		
Address		
Contact name		
Telephone number		
Email		
Goods/services provided		
Number of years providing goods/services to the business		

Business name		
Address		
Contact name		
Telephone number		
Email		
Goods/services provided		
Number of years providing goods/services to the business		

Business name		
Address		
Contact name		
Telephone number		
Email		
Goods/services provided		
Number of years providing goods/services to the business		