

State Of Palestine

Ministry Of Finance

General Supplies Department



دولة فلسطين

وزارة المالية

مديرية اللوازم العامة

التاريخ ١٩/٠٦/٢٠٢٣

تنويه صادر عن اللوازم العامة لمناقصة رقم ( MOH-GSD/ IOM /2023/85 )  
شراء وتوريد سيارات إسعاف لصالح وزارة الصحة.

إشارة إلى الموضوع المذكور أعلاه، مرفق طيه النماذج الأصلية؛ لتعبئتها من قبل المناقصين الراغبين بالتقدم للمناقصة.

ويعتبر هذا التنويه جزء لا يتجزء من وثائق المناقصة.

ناصر الخطيب  
المكلف بمهام مدير عام اللوازم العامة  
رئيس لجنة العطاءات المركزية  
١٩ / ٠٦ / ٢٠٢٣



*Naheel*

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الموقع الإلكتروني: www.gs.pmf.ps



VENDOR INFORMATION SHEET

Section II: Payment and Banking Information

Payment Details

Payment Method\*  Bank Transfer  Check\*\*  Cash\*\*  Others\*\*

Justification for Non-Bank Payment Method\*\*

Notes
Payment currency of the vendor MUST be clearly marked in order to avoid additional bank charges and/or delay in payments.
Non-bank payment methods require justification.

Bank Details (mandatory if Payment Method is via Bank Transfer):

Bank Name
Bldg and Street
City
Postal Code
Country
Bank Account Name
Bank Keys
Account Currency
Bank Account No.
\*Depending on the country
Swift Code/BIC (accounts outside U.S.A.)
IBAN Number (mandatory for banks in Europe)
Clearing No. (CHF accounts in Switzerland)
ABA No. for ACH (USD accounts in U.S.A.)
Bank Branch Code

Notes
If there are multiple bank accounts, please add an extra sheet, and mark the default bank account.

If awarded, please submit ID/Registration, signed IOM Supplier Code of Conduct and Proof of Banking Details to IOM

I hereby certify that the information above are true and correct. I am also authorizing IOM to validate all claims with concerned authorities.

Printed Name
Position/Title

Signature
Date





VENDOR INFORMATION SHEET

Vendor No. \_\_\_\_\_  
Internal to IOM

Registered Vendor Name\*: Mr. MDPI

Other Names/Acronyms \_\_\_\_\_

Address\* \_\_\_\_\_

House No \_\_\_\_\_

Street Name \_\_\_\_\_

ZIP/Postal Code\* \_\_\_\_\_

City\* \_\_\_\_\_

Region\* \_\_\_\_\_

Country\* \_\_\_\_\_

Contact Information

Company Tel/Mobile: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Company Email: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Company Website: \_\_\_\_\_

- Industry Category\*:
- 0100 - Commercial Vendors
  - 0200 - National CSOs
  - 0300 - National Government Entities
  - 0400 - International CSOs
  - 0500 - International Organizations - Non-UN
  - 0600 - UN entities
  - 0005 - Individual Consultant/Non-Staff

- Business Type\*:
- Direct Producer/Manufacturing
  - Reseller/Distributor/Service Provider

- Provide Services/Goods Internationally\*  Yes  No
- Disability-inclusive\*  Yes  Not applicable
- Women-owned/controlled\*  At least 51% women-owned/controlled  
 Less than 51% women-owned/controlled  
 Not applicable
- Environmental Statement\*  Yes  No
- Environmental or Energy Management System\*  Yes  No

**Notes**

All fields marked with \* are mandatory. The form may be returned if mandatory fields are missing/incorrect or in the wrong format (esp. Zipcode)

Vendor Name - should match IDs or registration documents.

If there is insufficient space, please use the Other Information section

Product Categories (check all applicable)\*

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Agriculture, Livestock and Fisheries | <input type="checkbox"/> Fuels and Derivatives             | <input type="checkbox"/> Legal and Investigation     | <input type="checkbox"/> Power Supply and Electric                   |
| <input type="checkbox"/> Chemicals                            | <input type="checkbox"/> Furniture                         | <input type="checkbox"/> Logistics and Warehousing   | <input type="checkbox"/> Quality Control and Environment             |
| <input type="checkbox"/> Clothing and Luggage                 | <input type="checkbox"/> Hospitality, Events               | <input type="checkbox"/> Media and Printing          | <input type="checkbox"/> Security                                    |
| <input type="checkbox"/> Construction                         | <input type="checkbox"/> Insurances                        | <input type="checkbox"/> Medical, Drugs and Pharma   | <input checked="" type="checkbox"/> Social and Humanitarian Services |
| <input type="checkbox"/> Consultancy and Contracted Services  | <input type="checkbox"/> IT and Communications             | <input type="checkbox"/> NFIs - Household and Camps  | <input type="checkbox"/> Tickets                                     |
| <input type="checkbox"/> Finance and Administration           | <input type="checkbox"/> Land and Buildings                | <input type="checkbox"/> Office Equipment and Supply | <input type="checkbox"/> Tools and Machinery                         |
| <input type="checkbox"/> Food and Beverage                    | <input type="checkbox"/> Learning, Training and Recreation | <input type="checkbox"/> Personal Care               | <input type="checkbox"/> Vehicles and Accessories                    |

UNGM No. \_\_\_\_\_

UN Partner Portal Reference \_\_\_\_\_

Registration Date\* \_\_\_\_\_

VAT Number \_\_\_\_\_

<https://www.ungm.org/UNUser/Home>

<https://www.unpartnerportal.org>

Country of Operations (dd-mmm-yyyy)

Licensing Auth./Type \_\_\_\_\_ License No.: \_\_\_\_\_ Reg. Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
For additional licenses, please use the Other Information Section dd-mmm-yyyy dd-mmm-yyyy

Partner Entities (indicate if there are other relevant business partner accounts already registered in IOM. Format: Account Number-Name)

Same entity registered in another office \_\_\_\_\_

Parent company \_\_\_\_\_

Subsidiaries/Branches \_\_\_\_\_

Other Information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_





**VENDOR INFORMATION SHEET - AIR TRAVEL**

**Section II: Payment and Banking Information**

**Payment Details**

Payment Method\*  Bank Transfer  Check\*\*  Cash\*\*  Others\*\* \_\_\_\_\_

Justification for Non-Bank Payment Method\*\* \_\_\_\_\_

**Notes**  
Payment currency of the vendor MUST be clearly marked in order to avoid additional bank charges and/or delay in payments.  
Non-bank payment methods require justification.

**Bank Details (mandatory if Payment Method is via Bank Transfer):**

Bank Name \_\_\_\_\_  
Bldg and Street \_\_\_\_\_  
City \_\_\_\_\_  
Postal Code \_\_\_\_\_  
Country \_\_\_\_\_  
Bank Account Name \_\_\_\_\_  
Bank Keys \_\_\_\_\_  
Account Currency \_\_\_\_\_  
Bank Account No. \_\_\_\_\_

\*Depending on the country \_\_\_\_\_  
Swift Code/BIC (accounts outside U.S.A.) \_\_\_\_\_  
IBAN Number (mandatory for banks in Europe) \_\_\_\_\_  
Clearing No. (CHF accounts in Switzerland) \_\_\_\_\_  
ABA No. for ACH (USD accounts in U.S.A.) \_\_\_\_\_  
Bank Branch Code \_\_\_\_\_

**Notes**  
If there are multiple bank accounts, please add an extra sheet, and mark the default bank account.

**If awarded, please submit ID/Registration, signed IOM Supplier Code of Conduct and Proof of Banking Details to IOM**

I hereby certify that the information above are true and correct. I am also authorizing IOM to validate all claims with concerned authorities.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Date





VENDOR INFORMATION SHEET - AIR TRAVEL

Vendor No. \_\_\_\_\_  
Internal to IOM

Registered Vendor Name\*: Company \_\_\_\_\_

Other Names/Acronyms \_\_\_\_\_

Address\* \_\_\_\_\_

House No \_\_\_\_\_

Street Name \_\_\_\_\_

ZIP/Postal Code\* \_\_\_\_\_

City\* \_\_\_\_\_

Region\* \_\_\_\_\_

Country\* \_\_\_\_\_

Contact Information

Company Tel/Mobile: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Company Email: \_\_\_\_\_ Contact Person Position: \_\_\_\_\_

Company Website: \_\_\_\_\_

- Industry Category\*:  0100 - Commercial Vendors  0500 - International Organizations - Non-UN  
 0200 - National CSOs  0600 - UN entities  
 0300 - National Government Entities  0005 - Individual Consultant/Non-Staff  
 0400 - International CSOs

- Business Type\*:  Direct Producer/Manufacturing  
 Reseller/Distributor/Service Provider

Provide Services/Goods Internationally\*  Yes  No

Disability-inclusive\*  Yes  Not applicable

- Women-owned/controlled\*  At least 51% women-owned/controlled  
 Less than 51% women-owned/controlled  
 Not applicable

Environmental Statement\*  Yes  No

Environmental or Energy Management System  Yes  No

Product Categories (check all applicable)\*  Tickets

UNGM No. \_\_\_\_\_ <https://www.ungrn.org/UNUser/Items>

UN Partner Portal Reference \_\_\_\_\_ <https://www.unpdpportal.org>

Registration Date \_\_\_\_\_ Main Country of Operations (dd-mm-yyyy)

Licensing Auth./Type \_\_\_\_\_ License No.: \_\_\_\_\_ Reg. Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
For additional licenses, please use the Other Information Section dd-mm-yyyy dd-mm-yyyy

Partner Entities (Indicate if there are other relevant business partner accounts already registered in IOM. Format: Account Number-Name)

Same entity registered in another office \_\_\_\_\_

Parent company \_\_\_\_\_

Subsidiaries/Branches \_\_\_\_\_

Other Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Notes**

All fields marked with \* are mandatory. The form may be returned if mandatory fields are missing/incorrect or in the wrong format (esp. Zip code).

Vendor Name - should match ID or registration documents.

If more is insufficient space, please use the Other Information section.





IOM International Organization for Migration  
OIM Organisation Internationale pour les Migrations  
OIM Organización Internacional para las Migraciones

## BANKING DETAILS CONFIRMATION

### FOR SUPPLIERS, BENEFICIARIES AND CONSULTANTS

(please write in BLOCK LETTERS)

Date \_\_\_\_\_

Vendor Name \_\_\_\_\_

Name of Bank account holder \_\_\_\_\_

Bank name \_\_\_\_\_

Bank account number \_\_\_\_\_

Branch name \_\_\_\_\_

IBAN \_\_\_\_\_

Swift Code \_\_\_\_\_

Bank Address \_\_\_\_\_

We/I hereby approve all payments to be made to the above bank account.

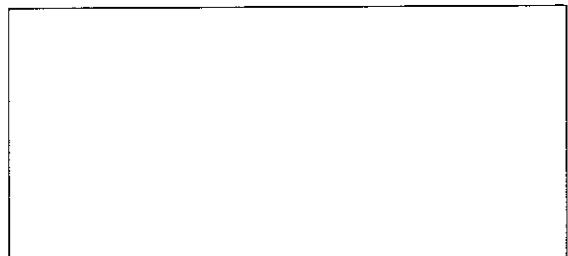
**Company stamp**

\_\_\_\_\_

Name of Authorised Party

\_\_\_\_\_

Signature of Authorised party



IOM AMMAN Office: