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| Date | Click or tap to enter a date. |

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| **SECTION A - GENERAL INFORMATION, DOCUMENTATION & PAYMENT INFORMATION** | | | | | |
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| **COMPANY/ORGANISATION BASIC INFORMATION** *To be completed by Companies or Organisations* | | | | | |
| Legal name: | | City | | | Postal code: |
| Street/House No. (Address): | | Country | | | Webpage |
| Trade Name | | Phone Number: | | | |
| No. of employees & estimated annual revenue (Optional): | | Year established: | | | |
| Business registration number: | | Contact person name: | | | |
| Contact person Job Title: | Email: | | | Telephone: | |
| Name of the owner\*: | Year of Birth (YYYY): | | Nationality of owner: | | |
| Name of the owner\* (2): | Year of Birth (2) (YYYY): | | Nationality of owner (2): | | |
| Name of the owner\* (3): | Year of Birth (3) (YYYY): | | Nationality of owner (3): | | |
| Ownership % (Optional): Female Choose an item. Male Choose an item. n/a | | Board composition % (Optional):  Female Choose an item. Male Choose an item. | | | |
| Please state the nature of your business and main products or services to be provided to SNV: | | | | | |

\*For NGOs provide current board members

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| **SOLE TRADER BASIC INFORMATION** *To be completed by freelancers or consultants* | |
| Name/Last name: | City / Country  Postal code |
| Street/house Nr (Address): | Phone Number: |
| Email / Webpage: | Business registration No /ID number: |
| Name of the sole trader: | Year of birth (YYYY) |
| Nationality | Underrepresented group (Optional): WoB**\***  Other  n/a |
| Please state the nature of your business and main products or services to be provided to SNV: | |

\*WoB (*Women Owned Business)*

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| **PAYMENT INFORMATION *To be completed by the companies, organisations and sole traders*** | |
| Account Name: | Bank name: |
| IBAN Number: | Account Number: |
| Country: Branch: | Swift Code: |
| VAT Number: | WHT Rate (If applicable): |

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| MANDATORY DOCUMENTATION *To be completed by Companies, organisations and sole traders.*  *Please attach proof of documents and check the relevant box if documents are provided.* |

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| **Documents** | **Company**  **/Orgs** | **Free lancers**  **/Consultants** | **Check if**  **provided** | **If not provided, please confirm the**  **reason** |
| Certificate of registration or extract from  the Chamber of Commerce (or national equivalent) | Please  provide | Please  provide |  |  |
| Value added tax (VAT) registration certificate  (or national equivalent) | Please  provide | Please  provide |  |  |
| Tax compliance certificate from the national revenue authority | Please  provide | n/a |  |  |
| UBO extract (Ultimate beneficial owner) or equivalent declaration (i.e. trade license) | Please  provide | n/a |  |  |
| Copy of Identity Card, Driver licence or Passport | n/a | Please  provide |  |  |

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| **SECTION B - SUPPLIER ETHICS AND SELF DECLARATION** |
| **Physical violence and Safeguarding, child protection, and protection from sexual exploitation, abuse, and**  **harassment, modern slavery and human trafficking (SEAH)** are very serious issues and represent violations of human rights. SNV expects all consultants, partners, and service providers who witness a case of violence or SEAH to report it to [**safeguarding@snv.org**](mailto:safeguarding@snv.org) |
| If you have any concerns or suspicions regarding **bribery, corruption and fraud**, you can report it via the following email  address **fraud@snv.org** which is only accessed by the SNV Internal Audit Team. |
| I (***Name of the authorised representative***) hereby declare to Stichting SNV Nederlandse Ontwikkelingsorganisatie (SNV) that:   1. There are no potential conflicts of interest between our/my firm, company, or organisation and SNV or any of your donors, partners, staff, offices, contracted consultants, or vendors. Conflicts could be and not limited to; Relations with SNV personnel, past employment, adverse actions taken against SNV etc. 2. I / our principals have not been subject of legal proceedings for insolvency, bankruptcy, receivership or my/our business activities suspended for related reasons 3. I / our principals have not been convicted of a criminal offence related to business or professional conduct 4. I/we are not delinquent in our/my obligations to pay taxes and social security contributions and have fulfilled our/my tax obligations in the last three years. I / we haven’t had any contracts terminated for poor performance in the last five years, or any contracts where damages have been claimed by the contracting authority/client 5. I / our principals apply zero tolerance against any safeguarding incidents and do not engage in sexual exploitation, harassment & abuse 6. I / we commit to report any fraud or physical violence and SEAH issue in line with the reporting procedures outlined |

I, the undersigned, warrant that the information provided in this form is correct, and in the event of changes details will be provided as soon as possible:

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Name and Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE SUBMIT THIS FORM TO** [**snvvietnamprocurement@snv.org**](mailto:snvvietnamprocurement@snv.org)

By submitting the information required in this form, you acknowledge and confirm that all provided information is accurate and complete to the best of your knowledge. Submission of this form constitutes your consent for SNV to internally validate the information provided.

The data received shall be validated by SNV through remote and/or physical checks and processed in accordance with SNV’s General Data Protection Regulation (GDPR) framework (which complies with the European Union’s GDPR 2018), the hardcopy and electronic data you provide will be kept secure and will only be processed by SNV for procurement and project execution purposes.

The data will be kept for 10 years, after which they will be destroyed by SNV. By submitting the SNV supplier’s registration and vetting form and participating in the SNV process, you agree with this data use, storage, and processing of the data provided

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| **SECTION C - SNV Check list (To be verified by SNV Procurement Responsible/Procurement Officer)** |
| **Legal name of the (potential) supplier (please, provide the full legal name as it is written in the Contract/Chamber of Commerce Extract/**  **other official documents): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Please tick the boxes**  DD checks are performed to name of the company and owners.  Please attach the report downloaded (CSI System); ***If not***, confirm exception No.\_\_\_ Choose an item.  Mandatory documentation completed and attached; ***If not***, confirm exception No\_\_\_. Choose an item.  Supplier registration and vetting form signed by the supplier; ***If not***, confirm exception No.\_\_\_ Choose an item.  Should this supplier be categorized in the system as an “***Implementing partner”***?  ***Bank details support (for those suppliers who are not filling Section A), please tick the box***  Bank Letter  Company Letter  Invoice  Contract  *(When only the* ***section C*** *is filled, one of the documents requested above should be provided by the suppliers)*  The supplier exists in the system (please, provide SBD ID: Click or tap here to enter text.)  Verified by: (Name & Title) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Hereby I approve the creation of supplier.**  Approved\* by (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Title)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_  The approval of the supplier creation shall be done by Operation/Procurement Manager, or CMT member (in absence of Head of Operation/Procurement). An email containing the approval for the procurement award, based on the Country Authority Matrix (CAM), is also valid for the creation of suppliers |