



Vendor /Person Profile Update

SECTION 1 (For Internal Use only)		UN INFORMATION
Requesting Person:	Date:	Atlas Vendor No:
First Name / Last Name/Extension		UN Index No:
VENDOR TYPE: <input type="checkbox"/> STAFF <input type="checkbox"/> IC <input type="checkbox"/> SERVICE CONTRACT <input type="checkbox"/> MEETING PARTICIPANT <input type="checkbox"/> NGO <input type="checkbox"/> SUPPLIER <input type="checkbox"/> OTHER		
VENDOR APPROVER SIGNATURE: _____		DATE: _____

Complete either Section 2 or Section 3 (not both)

SECTION 2		PERSON INFORMATION (For Individuals only)
Last Name	First Name	
Middle Name		
Nationality	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Address		
City,	State/Province/County	Postal Code (ZIP) Country
E-mail Address	Telephone Number	Fax Number

SECTION 3		SUPPLIER INFORMATION (For Companies only)	
Company Name:	Parent Company Name (if applicable)	Web Site URL: (if applicable)	
Street Address			
City	State/Province/County	Postal Code Country	
Contact Person (MAIN ADDRESS)	Telephone	Fax	E-mail Address
Name:			
Title:			

SECTION 4		BENEFICIARY BANKING INFORMATION
Bank Name		
Bank ID:	For US banks only use whether: (9 digits) ACH <input type="checkbox"/> Fed wire <input type="checkbox"/>	SWIFT code 8 or 11 characters (required for overboard payments)
Branch ID: (for Canadian Banks only) 9 digits routing no.		Branch Name:
Street Address:		
City	State/Province	Postal Code Country

SECTION 5		BENEFICIARY BANK ACCOUNT DETAILS
Account Name: (name as it appears on bank account)	Bank Account Currency <input type="checkbox"/> US\$ <input type="checkbox"/> Other (PLEASE INDICATE) _____	
Bank Account No. : (ENTER WITH NO PUNCTUATION,NO DOTS, DASHES OR SPACES)	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
IBAN (European Banks)		
Transit Code (5 digit) Canadian Banks	Sort Code (6 digits) UK Banks	BSB code (6 digit) Australia Banks

Bank Information for Intermediary/Correspondent Bank (if applicable)		
Name of Bank :	Address of Bank :	
Bank Account No (of beneficiary bank with intermediary bank)	SWIFT Code:	FED WIRE NO. (US BANKS ONLY)

I, _____, in my capacity as _____, hereby authorize the agency to direct

payments for goods and services to the above account.

Signature: _____

Note: 1) Your payment will be made via Electronic Funds Transfer direct to your account. **All charges by the bank will be borne by Payee.** 2) Kindly provide accurate and complete information with regards to your bank account details above. If there are subsequent changes in your bank account details, please notify us immediately so that we can update your banking information in our payment system. 3) Failure to comply with item (2) above may result in your payment being delayed and additional charges imposed by the bank to rectify erroneous payments, which will be charged to you.