



SUPPLIER REGISTRATION FORM

Section 1: Company Details and General Information

Name of Company: _____

Office Address: _____

Tel No: _____ Fax No: _____

Email: _____ Contact Person: _____

Provide a brief description of your Company (please provide current and valid copy of certificate of incorporation/business certificate or national equivalent).

Section 2: Financial Information (Please attach a certified/audited copy of your latest Balance Sheet and Income Statement or your Annual Report to Shareholders)

Annual value of total sales for the past 2 years

Year: 2007 JPY _____

Year 2006 JPY _____

Bank Name: _____ Swift/BIC Address: _____

Bank Address: _____ Account Name: _____

_____ Bank Account No: _____

Please provide 2 reference sources for goods supplied and/or services rendered by your Company within the last 12 months and provide copies of recommendation letters (if any).

<i>Name of Company</i>	<i>Address</i>	<i>Tel No.</i>	<i>Fax No.</i>

When was your Company established? (Minimum 3 years establishment required) _____ Year

Number of Full-Time Employees: _____

Section 3: Technical Capability and Information on Goods/Services Offered

Does your Company have Quality Assurance Certification (e.g. ISO 9000 or equivalent)? Yes No (If Yes, please provide copies).

List below, the goods and services offered by your Company. (Authorized agents and traders must submit proof or certificates from manufacturers that they are authorized to deal with the products)

No.	Description of goods/services
1	
2	
3	
4	
5	

Does your Company supply goods/services or have contracts with the United Nations and/or public organizations? Yes No (If Yes, please provide details).

Section 5: Other

Is your Company currently involved in any legal disputes? Yes No (If Yes, please provide details).

What are your Company's credit terms? (Mark all that apply)

Net 30 days Prompt payment discounts Other discounts Other _____

Certification:

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:

Name: _____ Functional Title: _____

Signature: _____ Date: _____

Please return this completed form to:

The Procurement Officer
UNITED NATIONS UNIVERSITY
53-70 Jingumae 5-chome
Shibuya-ku, Tokyo 150-8925, Japan
Fax: (03) 3499 2828 Email: lee@hq.unu.edu