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International Monetary Fund

700 19th Street N.W.
Washington, D.C. 20431
USA
Attn.: Procurement Section

Phone: (202) 623-4895
Fax No.: (202) 623-4914
E-mail: Procurement@imf.org

Supplier Registration Form

It may take up to 30 minutes to complete this form.

INSTRUCTIONS:

1. This form may be emailed to the address above.
2. All paper based forms forwarded to the IMF must be completed in ink or typewritten and must be in English.
3. Incomplete or incorrect submissions will not be processed.
4. Fields marked with "*" are required.

Category(ies) Requested:

<input type="text"/>	▼	*
<input type="text"/>	▼	
<input type="text"/>	▼	

Section I - Corporate Information

1. Legal Name of Company/Business: *

2. Street Address: *

3. City: *

4. State/Province: *

5. Postal Code: *

6. Country: *

7. Mailing Address (if different):

8. Remit-to Address: *

9. Branch Address (if applicable):

10. Branch Telephone #:

11. Company Telephone #: *

<input style="width: 100%; height: 20px;" type="text"/> 12. Fax #: * <input style="width: 100%; height: 20px;" type="text"/> 14. Company Internet Address: <input style="width: 100%; height: 20px;" type="text"/> 16. Contact Name/Title: * <input style="width: 100%; height: 20px;" type="text"/> 18. Parent Company (Full Legal Name): <input style="width: 100%; height: 20px;" type="text"/> 19. Subsidiaries, Associates or International Representatives (attach list if necessary): <input style="width: 100%; height: 20px;" type="text"/> 20. Type of Business: * <input type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> Sole Proprietorship <input type="radio"/> Limited Partnership <input type="radio"/> Other (specify): <input style="width: 400px; height: 20px;" type="text"/> 21. Year Established/Incorporated: * <input style="width: 100%; height: 20px;" type="text"/> 22. State/Province/Country where registered: * <input style="width: 100%; height: 20px;" type="text"/> 23. Business Registration/License Number: * 24. Average Annual Sales (US\$): * <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> 25. # of Full-time Employees: * 26. Corporate Identification (CIN): 27. Dun & Bradstreet #: <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> 28. If Staffing Service, complete the following (for USA only): W2 Employee <input type="radio"/> Y <input type="radio"/> N Number of Employees: <input style="width: 80px; height: 20px;" type="text"/> 1099 Independent Contractor <input type="radio"/> Y <input type="radio"/> N Number of Employees: <input style="width: 80px; height: 20px;" type="text"/> Number of employees available: <input style="width: 80px; height: 20px;" type="text"/> 29. Market Area Covered: * <input type="checkbox"/> Washington Metropolitan Area <input type="checkbox"/> National <input type="checkbox"/> International (specify countries): <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> 13. Remit-to E-mail: * <input style="width: 100%; height: 20px;" type="text"/> 15. Contact E-mail Address: * <input style="width: 100%; height: 20px;" type="text"/> 17. Contact Telephone #: * <input style="width: 100%; height: 20px;" type="text"/>
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Section II - Financial Information	
1. Bank Name: * <input style="width: 100%; height: 20px;" type="text"/> 2. Address (city/state/postal code): * <input style="width: 100%; height: 20px;" type="text"/> 3. Country: * <input style="width: 100%; height: 20px;" type="text"/>	4. Bank Account #: * <input style="width: 100%; height: 20px;" type="text"/> 5. Account Type: * <input style="width: 100%; height: 20px;" type="text"/> 6. Account Currency: * <input style="width: 100%; height: 20px;" type="text"/> 7. Other Beneficiary Account Information: <input style="width: 100%; height: 20px;" type="text"/> 8. Swift Code or ABA Bank #: *

Branch Main Office

9. Insurance *(Mandatory for consulting services and all other services where Supplier presence on IMF premises is required.)

Your company is required to carry the following insurance(s) and carrier(s).

(Certificates of Insurance must be furnished by your carrier prior to a contract being awarded.)

<u>Type of Insurance</u>	<u>Minimum Coverage Required</u>
Commercial General Liability	\$1,000,000
Worker's Compensation	Statutory
Employer's Liability	\$1,000,000
Automobile Liability (if applicable)	\$1,000,000
Employee Crime	\$ 100,000
Professional Liability or Errors & Omissions	\$1,000,000

10. Provide copies of the company's Annual or Audited Financial Reports for last 2 years. *

11. Provide a copy of Dun & Bradstreet report entitled 'Financial Profile' or equivalent. Reports must not be older than 90 days. *

Section III - Business History

1. Has your company done business under any other name? *

(If yes, list former names.)

Y N

2. Has your company ever filed or petitioned for bankruptcy?*

(If yes, attach detailed explanation and current status.)

Y N

3. Are there any lawsuits, legal actions or litigations against your company pending?*

(If yes, attach detailed explanation.)

Y N

4. Has your company ever been terminated for contract non-performance?*

(If yes, attach detailed explanation.)

Y N

5. Has your company been barred from doing business with any United Nations organization, government or other corporation?*

(Note: If yes, the application will not be processed.)

Y N

6. Do/Have any company officers/employees/close relatives working(ed) for the IMF as staff?*

(If yes, provide as an attachment their names, employment dates and positions held.)

Y N

7. Does your company now do business or has it ever done business with the IMF? *

(If yes, attach detailed explanation.)

Y N

Section IV - Goods/Services Information

1. Indicate your company's primary line of business: *

Manufacturing Distribution Retailer Service

Consulting Leasing Maintenance

Other (specify):

2. Indicate your company's Standard Industry Code

Sic #: Classification:

3. Does your company have a written environmental policy? * Y N
(If yes, attach copy.)

4. Is your company ISO Certified? * Y N
To what levels?

5. Does your company have a formal TQM Program? * Y N
(If yes, attach details to this application.)

6. Company literature attached? Y N

Section V - Technical Capability

1. Does your company currently do business utilizing the Internet? * Y N
(If yes, attach a description of the system used and all other functional abilities as they pertain to Procurement and Supply Chain Management.)

2. Are your company's Internet procurement services compatible with PeopleSoft? * Y N
(If yes, attach a description.)

3. How much of your annual income is derived from Internet business (US\$)? *

Section VI - Principal Customer References

Company Name: *

Company Address: *

Primary Contact: * Telephone #: * Contract Value (US\$): *

Company Name: *

Company Address: *

Primary Contact: * Telephone #: * Contract Value (US\$): *

Company Name: *

Company Address: *

Primary Contact: * Telephone #: * Contract Value (US\$): *

I hereby authorize the International Monetary Fund (IMF) to conduct an investigation concerning any and all statements contained in this questionnaire, interview all references, and conduct any other investigation or audit examination that it deems appropriate. I request that all duly constituted law enforcement agencies or judicial officers furnish the IMF with any and all information it may have pertaining to my company, its officers, and/or Personnel. I hereby release the IMF, any law enforcement agency, judicial officer, or other individual/party from any liability arising from the disclosure of information pertaining to my company and its personnel which is obtained during said investigation.

I understand that falsification of information set forth in this questionnaire may result in immediate disqualification of current or future business transactions and/or considerations.

All information in this document will remain in strict confidence with the International Monetary Fund.

Name (Corporate Officer): *

Title: *

Failure to submit all required documentation/information may invalidate your application.

Please follow the instructions in the beginning of the form. A signed copy of the complete form and all attachments must be sent to:

International Monetary Fund
700 19th Street, N.W.
Washington, D.C. 20431
Attn: Procurement Section

Submit Application

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