



Vendor /Person Profile Update

Last Updated : 8/8/2022 3:54 PM

IMPORTANT INFORMATION

1. PLEASE COMPLETE THIS FORM IN BLOCK LETTERS.
2. ONE COPY OF EACH OF THE FOLLOWING CRITICAL DOCUMENTS SHOULD BE SUBMITTED:
 - INDIVIDUALS
 - a. COPY OF A NATIONAL ID (PASSPORT, DRIVER'S LICENSE, VOTER'S ID, ETC.)
 - b. PROOF OF BANK ACCOUNT AND NAME (SCREENSHOT ONLINE BANKING, CANCELLED CHEUQUE, BANK REFERENCE, BANK STATEMENT) [PLEASE DO NOT PROVIDE FINANCIAL DETAILS]
 - c. DOCUMENT MUST BE SIGNED BY THE INDIVIDUAL WHO THE PROFILE IS BEING CREATED FOR.
 - d. PROOF OF BUSINESS RELATIONSHIP WITH UNDP (SIGNED MEMO, CONTRACT, INVOICE, LTA, ETC.)
 - e. FOR STAFF MEMBERS, A LETTER OF APPOINTMENT OR CONTRACT IS REQUIRED.
 - COMPANIES
 - a. PROOF OF BANK ACCOUNT AND NAME (SCREENSHOT ONLINE BANKING, CANCELLED CHEUQUE, BANK REFERENCE, BANK STATEMENT) [PLEASE DO NOT PROVIDE FINANCIAL DETAILS]
 - b. DOCUMENT MUST BE SIGNED BY AUTHORIZED PERSONNEL OR COMPANY SEAL.
 - c. PROOF OF BUSINESS RELATIONSHIP WITH UNDP (SIGNED MEMO, CONTRACT, INVOICE, LTA, ETC.)
 - d. BUSINESS REGISTRATION CERTIFICATE.

SECTION 1 (For Internal Use only)

UN INFORMATION

Requesting Person: First Name/Last Name/Extension/Country	Date (dd/mm/yyyy):	Atlas Vendor No:
	Bidder ID:	UN Index No:
VENDOR TYPE: <input type="checkbox"/> STAFF MEMBER <input type="checkbox"/> RETIREE <input type="checkbox"/> UNV <input type="checkbox"/> SC <input type="checkbox"/> FAMILY BENEFICIARY <input type="checkbox"/> SSA/IC/RLA <input type="checkbox"/> MEETING PARTICIPANT <input type="checkbox"/> FELLOW <input type="checkbox"/> PARTNER-GOV <input type="checkbox"/> PARTNER-IGO/NGO <input type="checkbox"/> PARTNER-GRANT <input type="checkbox"/> SUPPLIER-IND <input type="checkbox"/> SUPPLIER-COM <input type="checkbox"/> SUPPLIER-NGO/IGO <input type="checkbox"/> SUPPLIER-UNIV <input type="checkbox"/> UN AG <input type="checkbox"/> DONOR		
ADD VENDOR'S TRAVEL PROFILE IN T&E MODULE : <input type="checkbox"/> YES <input type="checkbox"/> NO		REQUIRED ACTION: <input type="checkbox"/> ADD <input type="checkbox"/> MODIFY <input type="checkbox"/> ARCHIVE <input type="checkbox"/> UNARCHIVE
EXPORT TO ULTRAMAR <input type="checkbox"/> YES (if ticket will be purchased from H.Q travel Agency) <input type="checkbox"/> NO		

COMPLETE EITHER SECTION 2 OR SECTION 3 (NOT BOTH)

SECTION 2

PERSON INFORMATION (For Individuals only)

First Name	Middle Name	Last Name
Nationality	TRN/Tax ID/SSN	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Address		
City,	State/Province/County	Postal Code (ZIP) Country
E-mail Address	Telephone Number	Passport/National Identification Number (as applicable):


SECTION 3

SUPPLIER INFORMATION (For Companies only)

Company Name: Disaster Reconstruction Authority	Parent Company Name (if applicable)	Web Site URL: (if applicable) www.dra.gov.bs	
Street Address West Bay Street		TRN/Tax ID/SSN 109947626	
City Nassau	State/Province/County New Providence	Postal Code CB10980	
		Country Bahamas	
Contact Person (MAIN ADDRESS)	Telephone	Fax	E-mail Address
Name: Aarone Sargent	Landline: +12423274800	N/A	aarone.sargent@dra.gov.bs
Title: Actg. Managing Director	Mobile: +12428214717		
Name: V. Antoinette Taylor	Landline: +12423274800	N/A	antoinette.taylor@dra.gov.bs
Title: Financial Controller	Mobile: +12428242286		

SECTION 4 LOCAL BANK ACCOUNT DETAILS			
<small>(IF JMS ACCOUNT THEN ONLY THIS SECTION IS TO BE FILLED OUT. LOCAL FOREIGN CURRENCY ACCOUNTS REQUIRE BOTH SECTIONS 4 & 5 TO BE COMPLETED.)</small>			
Bank Name Bank of The Bahamas Limited			
Bank ID:	Bank Account No: 1220000235	SWIFT CODE (8 or 11 characters) BOTBBSNS	
Branch ID: 03157001	Branch Name: SHIRLEY STREET	Account Type: <input type="checkbox"/> Saving <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Current	
Bank Account Currency <input type="checkbox"/> JMD\$ <input checked="" type="checkbox"/> US\$ <input type="checkbox"/> EURO <input type="checkbox"/> POUND <input type="checkbox"/> CANADIAN\$ <input type="checkbox"/> Other (PLEASE INDICATE) _____			
SECTION 5 INTERMEDIARY OR FOREIGN BANK ACCOUNT DETAILS			
Bank & Branch Name JP MORGAN CHASE BANK			
Account Name: (name as it appears on bank account if available) Bank of The Bahamas Limited		Bank Account Currency <input checked="" type="checkbox"/> US\$ <input type="checkbox"/> EURO <input type="checkbox"/> POUND <input type="checkbox"/> CANADIAN\$ <input type="checkbox"/> Other (PLEASE INDICATE) _____	
Bank Account No: 0011188414		Account Type: <input type="checkbox"/> Saving <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Current	
Street Address: New York New York United States			
City	State/Province	Postal Code	Country
US BANKS ACH: ABA:021000021 Fed wire:			
IBAN (European Banks)		SWIFT CODE (8 or 11 characters) CHASUS33XXX	
Transit Code (5 digits) Canadian Banks		Sort Code (6 digits) UK Banks	BSB code (6 digit) Australia Banks

SECTION 6 TRAVEL AND EXPENSES PROFILE UPDATE <small>(as per passport)</small>		
<small>Note - Kindly fill up this section only if the vendor's travel profile needs to be updated in T&E module.</small>		
SetID:	Vendor BU:	
First Name (As in Passport):	Last Name (As in Passport):	Note: Leave blank if the information is available in passport or ID card copy.
Date of Birth:	Place of Birth:	

I, Aarone Sargent, in my capacity as Actg. Managing Director, hereby authorize the agency to make direct payments for goods and services to the above bank account. Signature: 



United Nations Development Programme

SIGNATURE REGISTRY

PROJECT NUMBER: 00136301	OUTPUT:	DATE: 21 st July, 2022
PROJECT TITLE: The Abaco Hurricane Shelter & Community Centre		

Denise Antonio
 Resident Representative
 United Nations Development Programme
 Jamaica

By the following, I inform you that the following persons are authorized to request the specified transaction in each case.

Attached are their specifications, as well as each of their signatures.

NAME AND TITLE	AUTHORIZED TO REQUEST	SIGNATURES
H. Alex Storr Chairman	<input checked="" type="checkbox"/> Payments and/or Advancements of funds <input checked="" type="checkbox"/> Documentation and information	
Aarone Sargent Actg. Managing Director	<input checked="" type="checkbox"/> Payments and/or Advancements of funds <input checked="" type="checkbox"/> Documentation and information	
V. Antoinette Taylor Financial Controller	<input checked="" type="checkbox"/> Payments and/or Advancements of funds <input checked="" type="checkbox"/> Documentation and information	
Stephen Burrows Projects Director	<input type="checkbox"/> Payments and/or Advancements of funds <input checked="" type="checkbox"/> Documentation and information	

The undersigned certifies, by the following, that the signatures correspond to each of the persons specified and that any change in the table of authorized signatures shall be communicated formally.

STEPHEN BURROWS
 On behalf of Project Management
 (add NAME IN BOLD TYPE)

