



VENDOR INFORMATION SHEET

Section II: Payment and Banking Information

Payment Details

Payment Method* ☒ Bank Transfer ☐ Check** ☐ Cash** ☐ Others**

Justification for Non-Bank Payment Method**

Notes

Payment currency of the vendor MUST be clearly marked in order to avoid additional bank charges and/or delay in payments.
Non-bank payment methods require justification.

Bank Details (mandatory if Payment Method is via Bank Transfer):

Bank Name Ziraat Katılım Bankası
Bldg and Street Hobyar Eminönü Mah. Hayri Efendi Cad. Bahçekapı No:12 34112
City İstanbul
Postal Code 34112
Country Turkey
Bank Account Name Sahaya Hazır İnovasyon Derneği
Bank Keys
Account Currency USD
Bank Account No. 1081556

*Depending on the country

Swift Code/BIC (accounts outside U.S.A.)
IBAN Number (mandatory for banks in Europe)
Clearing No. (CHF accounts in Switzerland)
ABA No. for ACH (USD accounts in U.S.A.)
Bank Branch Code

Notes

If there are multiple bank accounts, please add an extra sheet, and mark the default bank account.

If awarded, please submit ID/Registration, signed IOM Supplier Code of Conduct and Proof of Banking Details to IOM

I hereby certify that the information above are true and correct. I am also authorizing IOM to validate all claims with concerned authorities.

İmadeddin Özcan
Printed Name
Director
Position/Title

Signature
14/03/2024
Date

SAHAYA HAZIR İNOVASYON DERNEĞİ
Kütük No: 27-027-056
Çamtepe Mah. Mahmut Tevfik Atay Biv. D Blok
No: 4D/15 Şahinbey / GAZİANTEP
ŞAHİNBEY V.D. 739 112 5907

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VENDOR INFORMATION SHEET

Vendor No. _____
Internal to IOM

Registered Vendor Name*: Company _____ Sahaya Hazir Inovasyon Dernegi

Other Names/Acronyms _____

Address* _____

House No _____ 3

Street Name _____ Degirmicem Mah 16043 Nolu Sokak

ZIP/Postal Code* _____ #####

City* _____ Gaziantep

Region* _____ Sehitkamil

Country* _____ Turkiye

Contact Information

Company Tel/Mobile: _____ 905051030441

Contact Person: _____ Imadeddin Ozcan

Company Email: _____ emad.nasher@fieldready.org

Contact Person Position _____ Director

Company Website: _____ www.fieldready.org.tr

Industry Category*: ☐ 0100 - Commercial Vendors ☐ 0500 - International Organizations - Non-UN
☒ 0200 - National CSOs ☐ 0600 - UN entities
☐ 0300 - National Government Entities ☐ 0005 - Individual Consultant/Non-Staff
☐ 0400 - International CSOs

Business Type*: ☒ Direct Producer/Manufacturing
☐ Reseller/Distributor/Service Provider

Provide Services/Goods Internationally* ☒ Yes ☐ No

Disability-inclusive* ☒ Yes ☐ Not applicable

Women-owned/controlled* ☐ At least 51% women-owned/controlled
☒ Less than 51% women-owned/controlled
☐ Not applicable

Notes
All fields marked with * are mandatory. The form may be returned if mandatory fields are missing/incorrect or in the wrong format (esp. Zipcode).
Vendor Name - should match IDs or registration documents.
If there is insufficient space, please use the Other Information section

Product Categories (check all applicable)*

☒ Agriculture, Livestock and Fisheries	☐ Fuels and Derivatives	☐ Legal and Investigation	☐ Power Supply and Electric
☐ Chemicals	☐ Furniture	☐ Logistics and Warehousing	☐ Quality Control and Environment
☐ Clothing and Luggage	☐ Hospitality, Events	☐ Media and Printing	☐ Security
☐ Construction	☐ Insurances	☐ Medical, Drugs and Pharma	☒ Social and Humanitarian Services
☐ Consultancy and Contracted Services	☐ IT and Communications	☒ NFIs - Household and Camps	☐ Tickets
☐ Finance and Administration	☐ Land and Buildings	☐ Office Equipment and Supply	☐ Tools and Machinery
☐ Food and Beverage	☒ Learning, Training and Recreation	☐ Personal Care	☐ Vehicles and Accessories

UNGM No. _____ <http://www.ngm.org/UNUser/Home>

UN Partner Portal Reference _____ <https://www.unpartnerportal.org>

Registration Date _____ 01/02/2021 Main Country of Operations (dd-mmm-yyyy)

Licensing Auth./Type _____ Community Based Society License No. 27-027-056 Reg. Date: _____ 01/02/2021

For additional licenses, please use the Other Information Section dd-mmm-yyyy dd-mmm-yyyy

Partner Entities (indicate if there are other relevant business partner accounts already registered in IOM. Format: Account Number-Name)

Same entity registered in another office _____

Parent company _____

Subsidiaries/Branches _____

Other Information: _____
