



World Health
Organization

Supplier Creation / Modification Request

(Corporate Suppliers* and Non-Staff Meeting Participants/NSMP**)

To: Global Service Centre/Global Finance (GSC/GFI)
World Health Organization (WHO)

Suppliers with iSupplier Registration must NOT fill this form and
must enter any update using the iSupplier system

PART I: To be completed and signed by Supplier

This is to provide my/our supplier information and bank details in reference to the contract (contracts) and/or commitment documents that is (are) currently signed or under process between the World Health Organization (WHO) and myself or our company/institute/organization (for Corporate suppliers) or to facilitate payment of travel per diem/allowances to myself as a Non-Staff Meeting Participant (NSMP). I/we understand that this arrangement, if approved by WHO, shall remain valid for any future contracts or travels (for NSMPs) until I/we request its revocation.

1) Name of Supplier (Legal name of the Contractual Party)
SOUTH ETHIOPIA REGION HEALTH BUREAU

2) Supplier Address / Information*

Street Number, Street Name, Building/Room Number, etc.
In front of Mariam orthodox Church
JINKA YOUTH CENTER

City
JINKA

State
SOUTH ETHIOPIA REGIONAL STATE

Country
Ethiopia

Supplier Email(s)*
healthbureause@gmail.com

Supplier's Telephone No.*
921004480

Supplier's Contact (Name)
Mr. Nebiyu Beza Badebo

Supplier's Contact Email(s)*
nebiyumu@gmail.com

Supplier's Telephone No.*
921004480

3) a) Reason for this request (Please select one from the dropdown menu as appropriate):
b) Reason for 'Other Modifications'

4) a) Supplier Bank Account Details (requested per 3 above)*

Is the Name of Supplier in section (1) above exactly the same as Bank account holder name? Yes: ☒ No: ☐

If 'No', please fill a separate form titled 'Third-Party Payment Authorization' and obtain bank verification of the account or related documentation as per Section 4(b) below.

Bank name:*
CBE

Country of bank:*
Ethiopia

Bank branch address:*
JINKA

Branch name (if applicable):
JINKA

Bank account number:*
1090622101371

Bank account currency:*
Ethiopian Birr (ETB)

Bank account holder name:*
SOUTH ETHIOPIA REGION HEALTH BUREAU

IBAN number:
CBETETAA

SWIFT/BIC code:*
Local Clearing Code:

b) Verification by Supplier's Bank: **

Signature:

Date: 10/07/2024
(DD/MM/YYYY)

Bank's Official stamp:

** Alternatively, suppliers may provide bank information with the above mandatory details via separate document such as, inter alia, copy of bank statement, official bank letter carrying signature and stamp of the bank, pre-printed cheque. Please cover confidential financial data except the above mandatory details when copying a bank statement.

5) Please list existing bank accounts (if any) to be deactivated (end-dated) once the current request for modification is completed as per item 4

Bank name	Currency	Account No.

6) Name of competent representative of Supplier (if different from 1 above):
(i.e. Official Representative of the Contractual Party - please attach official letter to prove designation as representative of the supplier)

Mr. Nebiyu Beza Badebo

7) Confirmation by Supplier:

I hereby confirm that WHO will not be held liable for payments made to the above specified bank account in compliance with my/our contract terms and conditions regarding payments.

Signature:

Date: 10/07/2024
(DD/MM/YYYY)

Supplier's Official Stamp:

(Continued)

PART II: For WHO Official Use (To be completed by WHO staff responsible for contract(s) with the supplier)

8) Confirmation of Review by WHO Responsible Officer:

As the Responsible Officer for the existing WHO or Partner Entity's contract(s) with the supplier named below (Supplier No.)


SOUTH ETHIOPIA REGION HEALTH BUREAU

I hereby confirm that Part I of this form has been completed and signed by the named supplier (or a competent representative of the supplier).

Contract description or reference (if any):
(E.g. Purchase Order or Registration No.)

Supplier Classification: DFC Supplier

Name: Mr. Michael Tukum Title: San. Operations Officer
WHO Responsible Officer Office: WICO Ethiopia
Major Office/Dept/Unit

Signature:  Date: 29/07/24
DD/MM/YYYY

9) a) Notes to WHO focal persons:

- i. Before forwarding this form (protected excel version of 'Supplier Creation/Modification Request' Form) to a Corporate Supplier[†], WHO focal person coordinating with the supplier must first determine that the supplier is part of the exceptions that are handled via AP Self Service Supplier Request process and not through the Supplier - Supplier Registration system. This form is applicable ONLY for the AP Self Service process.
- ii. For Non-Staff Meeting Participant (NSMP)^{††}, a WHO focal person designated for the relevant travel arrangement shall forward this form (protected excel version of the 'Supplier Creation/Modification Request' Form) to the NSMP supplier.
- iii. Once the scanned copy of the completed and signed form is received from the Corporate or NSMP supplier, the WHO focal person must complete section 8 and sign Page 2 of the form. The focal person must also affix her or his initial in the 1st page of the form that is completed and signed by the supplier.
- iv. The duly completed and fully signed (by the supplier and WHO focal person) form must be scanned and uploaded in the GSM:
 - a) For Corporate Suppliers[†] via 'Self Service Suppliers' page using the 'AP Self Service Supplier Request' responsibility, or
 - b) For NSMP^{††} via 'Non-Staff Participants/Travelers' page using Travel Requestor or Meeting Administration Assistant responsibilities.

Requestors must ensure that the completed and fully signed 'Supplier Creation/Modification Request' form is attached in the AP Self Service request or NSMP request using the 'Managed Attachments' button under the ECM document type 'Supplier Creation/Modification Template'. (see submission steps in the 'AP Supplier Self Service' tab of this form).

b) Notes to Suppliers:

- v. Suppliers who have user account in WHO's Supplier - Supplier Registration system must enter any update to their data using their access to the system. Such supplier must not fill this form.
- vi. Section 1 to 7 of the 'Supplier Creation / Modification Request' form must be completed and fully signed by the relevant Corporate[†] or NSMP^{††} supplier, who must then send the scanned copy of the completed and signed form to the relevant WHO focal person.
- vii. In completing the form Suppliers are strongly advised to refer to helpful tips provided in the tabs titled: 'TIPS: Local Clearing Codes', 'TIPS: IBAN' and '3rd-Party Relationships'.

[†] Corporate Suppliers are those who are issued WHO contracts (Purchase Orders) and/or commitment documents including, inter alia, Company Service Contractors, External Consultants or Contractors, Individual Service Contractors, Research Agencies, Suppliers for Goods and Services

^{††} NSMP supplier is a traveller who is not a WHO staff member and in whose name a WHO Travel Authorization (Travel Request) is issued to facilitate payment of per diem, other travel allowances and related transportation costs



Initials by WHO Approver (see section 9):

Name: Mr. Michael Tukum Initials: 