

Supplier Creation / Modification Request

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

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 committal 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 dienv/allowances to myself as a Non-Staff Meeting Participant (NSMP) I/We understand that this arrangement, if appreved by WHO, shall remain valid for any future contracts or travels (for NSMPs) until I/we request its revocation

Sumplier Address /						
Supplier Address /	Information*	·		••••		
Street Number, Street	In front of M	ariam ortodox Church				
Name.	UNIV A VOLU	THE CULTURE				
Building/Room Number, etc.	JINKA YOU	TH CENTER		******************************		
			ZIP or Postal Code			
City	JINKA		(if applicable)			
State:	SOUTH ET	THIOPIA REGIONAL STATE	Country	Ethiopia		
Supplier Email(s)*	healthburea	uuse@gmail.com	Supplier's Telephone No*	921004480	j	
Supplier Contact (Name)	Mr. Nebiyu I	Beza Badebo				
Supplier's Contact Email(s)*	nebiyumulu	@gmail.com	Supplier's Contact Telephone No.*	921004480		
a) Reason for this	Lancoura de la constante de la	select one from the dropdown me	nu as appropriate):		b) Reason for 'Other M	Indifications'
O New supplier and ne	w bank account to	be created for the 1st time (Supplier's	record is not in WHO suppl	ier database)	l	***************************************
a) Supplier Bank /	Account Details	(requested per 3 above)*				
				Yes:	X No:	7
		bove exactly the same as Bank accoun				
If 'No', please fill a ser	parate form titles	l'Third-Party Payment Authorization	n' and obtain bank verific	ation of the account or related	I documentation as per Section	4(b) below.
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Bank name:*		СВЕ				
	·					
Country of bank:*	}	Ethiopia			***************************************	
Bank branch address:		JINKA				
	ļ					THE PARTY NAMED IN
Branch name (if appli	·	JINKA				000
Bank account number		1000622101371				0 772 7
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Bank account holder i	name.*	SOUTH ETHIOPIA REGION	HEALTH BUREAU			and the same of th
IBAN number:				***************************************	1178	1 Esmall
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SWIFT/BIC code:*	100	2/1	Local Clearing Code.		10-	WE STA
b) Verification by	Supplier's Raul	/// // _			Bank's	The state of the second state of the second
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	Supplied 5	7/m1//2	Date	10/07/2024	Official	
Signature:		TIMULD	Date:	10/07/2024 (DD/MM/YYYY)		
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Supplier Creation / Modification Request (Corporate Suppliers* and Non-Staff Meeting Participants/NSMF*)

(Continued)

PAI	RT 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: Sur Operations Officer WIO Responsible Officer Office: MC O TEACOPPOR Major Office/Deput nit						
	Signature: Date: 29/07/24 DD/MM/YYY						
9)	n) Notes to WHO focal persons:						
	 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 Required process and not through the Supplier - Supplier Registration system. This form is applicable ONLY for the AP Self Service represes. 						
	ii. For Non-Staff Meeting Participant (NSMP) , a WHO facal person designated for the relevant travel arrangement shall forward this forem (protected exect version of the "Supplier Creation/Modification").						
	Requist Parin) to the NSMP supplier. iii. Once the scannel copy of the completed and signed form is received from the Corporate or NSMP supplier, the WHO fiscal person must complete section 8 and sign Page 2 of the form. The fiscal person must also affix her or his initial in the 1" 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 'Setf Service Supplier' page using the 'AP Setf Service Supplier Request' responsibility, or b) For NSMP? via 'Non-Setf Participants/Travellers' page using Travel Requestor or Meeting Administration Assistant responsibilities. Requestors must ensure that the complete and fully signed "Nupplier Cranison"/Inditaction Request' form is attached in the "AP Setf 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 Setf Service' tab of this form).						
	b) Notes to Suppliers:						
	V. Suppliers who have user account in WHO's iSupplier - 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 food person.						
	vii. In completing the form Suppliers are strongly advised to refer to helpful tips provided in the tals titled: 'TIPS_Local Clearing Codes', 'TIPS_IBAN' and '3rd-Party Relationships'.						
	* Comporate Suppliers are those who are issued WHO contracts (Purchase Orders) and/or committal 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 drein, other travel allowances and related transportation costs.						



Initials by WHO Approver (see section 9):

Name: Mr. Michael Tukum Initials:

