

THIRD PARTY PROFILE/ REQUEST FORM

Any Payee except Vendors and Persons
(Governments, Other UN Entities, field offices, specialized agencies...)

ID No:	<input type="text"/>	(To be completed by Finance)
Long Name *	<input style="width:100%;" type="text"/>	
Short Name (must be the beneficiary name on the bank account) *	<input style="width:70%;" type="text"/>	
Street Address *	<input style="width:100%;" type="text"/>	
Additional Street Address	<input style="width:100%;" type="text"/>	
City *	<input style="width:65%;" type="text"/>	
State or Province	<input style="width:65%;" type="text"/>	
Country Code *	<input style="width:25%;" type="text"/>	
Postal Code	<input style="width:25%;" type="text"/>	
Contact Name	<input style="width:100%;" type="text"/>	
Phone Number	<input style="width:65%;" type="text"/>	
Representing Country	<input style="width:65%;" type="text"/>	
Type Code * (choose one only)	Govt – Member State/ Govt – Non Member State/ Govt – Others/ Other UN Entities/ Specialised Agencies	

* denotes MANDATORY FIELDS

BANKING INFORMATION

To be completed only if required for PAYMENT PURPOSES
Complete a separate **BANKING INFORMATION FORM** available on the UNOG Intranet within the IMIS Section
Please attach accurate supporting documents with details

	NAME	DATE	SIGNATURE
Requesting Officer	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Chief of billing & special accounts unit	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Third party table maintenance clerk	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Treasury Unit Approving Officer	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>

CREATE

MODIFY

DELETE