



POPULATION SERVICES INTERNATIONAL/Cambodia (PSI/C)

VENDOR REQUEST INFORMATION FORM

This Form To Be Completed By Vendor

Vendor Name : []

Tax ID : [] Type of Business: []

VAT Registration : [] YES [] NO If "YES" Enter Registration No. []

ADDRESS INFORMATION

Purchasing Address

Remittance Address

Address : []

Address : []

[]

[]

City or Province : []

State or Province : []

Country : []

Country : []

CONTACT INFORMATION

Purchasing Contact

Remittance Contact

Contact Name : []

Contact Name : []

Telephone : [] Ext []

Telephone : [] Ext []

Mobile Phone : []

Mobile Phone : []

E-mail address : []

E-mail address : []

VENDOR BANK INFORMATION

Bank Name : []

Swift Code or Routing : []
No

Account Name/
Cheque Name : []

Country : []

Bank Acct Number : []

Bank Instructions : []

City : []

Payment term :

Accepted Bank Charges All [] YES [] NO If "NO" Explained the reason []

FORM COMPLETED BY

Name []

Title []

Date []

Signature & Company stamp []