

Screening Form

Suppliers/Consultants



Company Information: - _

Company Name (as appeared on Registration Document):

Company Address:

Country:

Telephone:

Website:

Director(s) names (*Please ensure you enclose proof of identity of director(s) e.g. passport copy or ID card*)

Has the organisation been convicted of any criminal offence?

Does the organisation have any relationship with current IR staff in the following capacity?

Personal/Family

☐

Yes

☐

No

Business

☐

Yes

☐

No

If you have answered YES to any of the above then can you please state in detail the relationship you have and with whom

How did you hear about IR's service request i.e. (food, stationery, assets, medical supplies etc)

Please note it is compulsory for the following to be provided to us:

- 1. Company Registration**
- 2. Photo copy of ID/Passport of Directors**

Consent

Our organisation is not involved in and does not support any activity which is considered illegal by the Government of _____ (insert Country) or under the International Laws Community or what may be termed a 'terrorist activity'

I confirm that the above information is accurate to the best of my knowledge. I have not withheld information.

Name

Position

Sign & Official stamp

Date

We will treat your personal information as confidential and your details will not be shared with anyone else. The information on this form is required for the purpose of providing security screening.

Internal use

Received by (local office): Name _____ Position _____ Date _____

Information sent to (HQ): Name _____ Date _____