**MEDAIR/DONOR REQUIREMENT: Supplier STATUS Vetting Form**

**Vetting Portal Information Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **KEY INDIVIDUAL INFORMATION** | | | |
| Name Listed on Government-Issued Photo ID  **First name, Middle name, LAST/SURNAME\*** |  |  | Place of Birth\*  **City, District, Province/State, Country\*** |
|  |  |  |  |
| Other Names Used (Also known as, nicknames, alias, different spelling)\* |  |  | Date of Birth **(dd-MONTH-yyyy)**  *Please write the month in words\** |
|  |  |  |  |
| Citizenship(s) (If dual citizen, list both countries)\* |  |  | Gender\* |
|  |  |  |  |
|  |  |  |  |
| U.S. Citizen or Permanent Resident?\* Yes/ No |  |  | Government-Issued Photo ID Type\* |
|  |  |  |  |
| If yes, U.S. Passport/Permanent Resident Card Number: |  |  | Government-Issued Photo ID Number\* |
|  |  |  |  |
| Address of Residence\* |  |  | ID Country of Issuance\* |
|  |  |  |  |
| Province/Region\* |  |  | Government-Issued Photo ID Type [complete for dual citizens only] |
|  |  |  |  |
| Primary Phone Number\* Is this a cell phone number? Yes/ No |  |  | Government-Issued Photo ID Number [complete for dual citizens only] |
|  |  |  |  |
| Alternate Phone Number Is this a cell phone number? Yes/ No |  |  | ID Country of Issuance [complete for dual citizens only] |
|  |  |  |  |
| Primary Email Address\* |  |  | Tribal Affiliation (if applicable) |
|  |  |  |  |
| Alternate Email Address |  |  | Occupation |
|  |  |  |  |
| Current Employer and Project Title\* |  |  | Organizational Rank or Title\* |
|  |  |  |  |
|  |  |  |  |

*NB. This form is subject to revision by USAID. Updates will be issued as necessary when made available.*

|  |  |  |
| --- | --- | --- |
| **KEY ORGANISATION / COMPANY INFORMATION (Supplier)** | | |
| Name of Organization or Company\* |  | Name of Parent Company, if applicable\* |
|  |  |  |
| Website / Company URL\* |  |  |
|  |  |  |
| Full address of Company\* |  | Location – City/State and Region\* |
|  |  |  |
| Country\* |  | Email\* |
|  |  |  |
| Telephone\* |  | Fax |
|  |  |  |
| Award/Contract Amount\* |  | Award/Contract Start Date\* |
|  |  |  |
|  |  | Award/Contract End Date\* |
|  |  |  |
| Type of Service / Supplies |  | Award/Contract Number |
|  |  |  |

***Details of Key Individuals of company need to be submitted based on ‘Key Individual Information’ table on page one.***

***Please also send copy of Photo IDs of Key Individuals - required by USAID from 10 Feb 2024 onwards***