Universidad de los Andes

UNIVERSIDAD DE LOS ANDES
N.I.T. 860.007.386-1
Cra. 1 N° 18A - 12
Bogotá, Colombia

Send by Email | Print Form

FOR-25-5-01-03

SUPPLIER / CREDITOR REGISTRATION

Required information to create your organization in the suppliers system of Universidad de los Andes.
Please fill all shaded fields. If not applicable, indicate N/A.
Attach: **Bank certificate issued by your financial nstitution, chamber of commerce certificate and RUT (Tax single registration). For individuals, ID photocopy.**
Any amendment, fake or incomplete information will automatically invalidate this form.

1. COMPANY IDENTIFICATION

Company Name or Owner Name | Identification Number

Commercial Name | Currency for SAP Transactions | E-Mail Address

Address | City

State | Country | Post Code | Phone Number | Fax Number

2. LEGAL REPRESENTATIVE INFORMATION

Last Name | First and Middle Names | Identification Number | Phone Number | Fax Number | E-Mail Address

3. CONTACT PERSON INFORMATION (FOR SENDING PURCHASE ORDERS AND GENERAL CORRESPONDENCE)

Name | Phone Number | E-Mail Address

4. BANK INFORMATION

Bank | Account Number | Account Type | ABA Code | SWIFT Code

Account Country | Account Currency | Bank Address

5. PAYMENT CONDITIONS

Payments will be made **30 days** after bill approval. All payments will be issued in the name of the Company

6. TAX INFORMATION

Brief description of the product/service to be supplied to the University

Resolution Number and Date

Your company is cataloged as major contributor	Yes	☐	No	☐
Your company is cataloged as auto-retainer	Yes	☐	No	☐
Your company is cataloged as nonprofit entity	Yes	☐	No	☐
Your company is Retention Agent in Sales Tax	Yes	☐	No	☐
Yor company is Retention Agent in ICA (Industry and Commerce Tax)	Yes	☐	No	☐
Your operations are subject to IVA (VAT)	Yes	☐	No	☐
Indicate Tax System (Taxation)	Common	☐	Simplified	☐
If your company must declare Industry and Commerce Tax, please indicate the CIIU (International Standard Industrial Classification code) in Bogotá	Code		Rate	

Legal Representative Signature _____

****Only for internal University use INFORMATION TO FILL BY TAX RESPONSABLE**

Name	Signature	**Tax Code** (Seal blanks)							
		Type	Indicator	Type	Indicator	Type	Indicator	Type	Indicator
		IVA		ICA		Rete Fuente (With-holding)		Cine	

Send this file via email (BLANK)

**** Only for internal Uniandes use****
PURCHASING INFORMATION

Approval _____

Date _____

VENDOR