**Vendor request form** 

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| VeNDOR information | | | | | | | |
| **Check all that apply:  Create New Vendor  Update Vendor  BMT Vendor  Housing Vendor  Land Vendor** | | | | | | | |
| **Classification of vendor:  Employee  Homebuyer  Consultant  Contractor  Supplier  Other:** | | | | | | | |
| **Vendor ID:** | | | | **Is vendor status changing from inactive to active?  Yes  No** | | | |
| **Legal Company Name:** | | | | **Remittance Name (DBA):** | | | |
| **Mailing Address:** | | | | **Remittance Address (Where checks are mailed):** | | | |
| **Contact Name:** | | | | **Contact Phone:** | | | |
| **Contact Email:** | | | | | | | |
| business information | | | | | | | |
| **Tax ID Number:** | | | | **W9 Attached:  Yes  No** | | | |
| **TYPE OF BUSINESS (Please place an x in the applicable category below):** | | | | | | | |
| **Individual/Sole proprietorship** | **Corporation** | **Partnership** | | **Trust/Estate** | | **Limited Liability Company** | **Other:** |
| **1099 Vendor?  Yes  No** | | | **Tax Exempt?  Yes  No Reason for Exemption:** | | | | |
| **Payment Terms:  Upon Receipt  10 Days  30 Days** | | | | **Separate Check:  Yes  No** | | | |
| Anti bribery risk assessment factor (RAF) | | | | | | | |
| **NOTE: All New Vendors or Vendors Changing Status to Active require a Risk Assessment Rating. If Additional due diligence is required, please continue with the additional due diligence procedures outlined in the User Guide: W:\Denver\Anti-Bribery 2018\USER GUIDE- ABC Third-Party Due Diligence.** | | | | | | | |
| **Please refer to the ABC RAF Guidelines as a reference to answer the below questions: W:\Denver\Anti-Bribery 2018.** | | | | | | | |
| |  |  | | --- | --- | | **Insert Operational Classification:** |  | | **Insert Vendor Type:** |  | | **RAF #1 - Business Rationale:** | **Yes  No** | | **RAF #2 - Government Interaction:** | **Yes  No If Yes:  Low Risk  High Risk  N/A** | | **RAF #3 - Reputation:** | **Yes  No** | | **RAF #4 - Beneficial Owners:** | **Known  Unknown** | | **RAF #5 - Compensation:** | **Clearly Defined  Vaguely defined** | | **Final Risk Rating:** | **Low  Medium  High  NA (Employee/Homebuyer Only)** | | **Additional Due Diligence Required?** | **Yes (If Final Risk Rating is Medium or High)  No** | | | | | | | | |
| signatures | | | | | | | |
| **Requested By:** | | | | | **Date:** | | |
| **Department Manager Approval:** | | | | | **Date:** | | |
| **Accounting Approval:** | | | | | **Date:** | | |

**Brookfield Residential Vendor Risk Matrix Guidelines:**

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