

Purpose of form: Provide information for a new supplier Update information for an existing supplier

Note: If initiating a contract for procuring goods or services from an international supplier, the supplier form will be required prior to contract execution.

Legal Name _____ DBA (Doing Business As, if applicable) _____ Business License #, ABN #, TIN # _____

If supplier payments should be made to an address different than that listed on Supplier's completed Form W-8, state payment address: _____

State what you will be provided to Carnegie Mellon: Product Service Both

Description: _____

If services are being provided, are they being provided inside or outside of the U.S.? Inside U.S. Outside U.S.

By signing below, Supplier acknowledges it has received and reviewed CMU's [FCPA Guidelines](#).

Do you anticipate that it will be necessary to interact with any foreign officials on behalf of Carnegie Mellon? Yes No

Is any owner (or family member of an owner) an official of a foreign government? Yes No

Description: _____

Business Information

Business Address: _____ Country: _____ Postal Code: _____

Address 2: _____ City, State, Province: _____

Primary Contact Information:

Name: _____

Email: _____

Phone/Fax: _____

Secondary Contact Information:

Name: _____

Email: _____

Phone/Fax: _____

To help ensure timely payment, please provide bank instructions in order to receive your payments via Electronic Funds Transfer.

Bank Name: _____ BSB # (AUS Only, 6 Digits): _____

Bank Address: _____ SWIFT Code: _____

City, State, Zip: _____ Bank Account #: _____

Email remittance to: _____ Sort Code (UK Only): _____

Currency: _____ Note: Supplier banks which have adopted the ISO International Bank Account Number (IBAN) standard must ensure a complete IBAN number is provided in the account number line. For example, Qatar IBAN numbers are 29 digits in the following format: QAKK QNBA 0000 0000 1234 123456 123.

Note: A CMU representative will contact the supplier to verify the banking information provided.

RWANDA SUPPLIERS ONLY: Prior year tax return or receipt of prior year tax filings is attached?

Note: 15% backup withholding will be assessed on all payments if proper proof of tax filings is not provided. Yes No

CMU Purchasing Contact Name: _____ Campus Loc.: _____ Email/Phone: _____

Signature & Agreement: By signing this form, Supplier agrees that the information provided on this form is true and correct. The Supplier agrees to timely submit updated information in the event the information provided is no longer true and correct by completing and returning to CMU an updated Supplier Information Form.

Signature of Supplier Authorized Representative _____ Name & Title (Printed or Typed) _____ Date _____

Official Use Only: _____ If applicable, FCPA Review (Print Name): _____

Supplier # Assigned: _____ Approved by: _____

Maintained by: _____ Date: _____

Supplier in EPLS? Yes No Bank in EPLS? Yes No Ledger: _____

ICC Required? Yes No

Submit to:

CMU Buyer Name

Fax Number # / Email Address