

Creation, modification or deletion of a supplier in SAP

Form to be returned duly completed to ABL Europe

GENERAL INFORMATION – TO BE COMPLETED BY ABL

Requestor's name:

Service: **Veillez selectionner svp**

Date of the request: **Cliquez ou appuyez ici pour entrer une date.**

Scope and location of the concerned services:

Proposed duration of the contract / order:

Creation of a supplier: *fill in all the fields.*

→ Purpose of the relationship:

→ Type of relationship:

- Professional services (accountants, lawyers...)
- Supplier (raw materials, consumables, energy, biotech...)
- Subcontractor
- Real estate activity / Construction
- Consulting
- Storage
- Carrier
- Service provider (security, IT, maintenance...)
- Communication / marketing agency
- Other, please specify:

Modification of a supplier: *fill in only the SAP number and the fields to be modified.*

Deleting a supplier: *fill in only the SAP number.*

Existing supplier N°SAP: (for modification ou deletion)

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COMPANY INFORMATION – TO BE COMPLETED BY THE THIRD PARTY

Supplier Name (distributor):

 Type of entity: Sole owner or individual
 Partnership
 Private company
 Publicly traded company
 Other, please specify:

Address:

Postal code:

City:

Country:

Phone number:

Website:

Date of creation:

Number of headcounts:

Document to provide:

- BBAN (Basic Bank Account Number)
- Certificate of registration (under 6 months old)

 Nature of the main activity: Service provider Goods supplier

Have you or your company ever provided services to ABL Europe?

 Yes, please specify:

 No

List current owners/shareholders.

List your companies or business entities worldwide or provide an organizational chart of your company.

Do you have companies in countries under sanctions or surveillance? If yes, please specify.

Have any individuals in your company held a government or state position?

 Yes, please specify:

 No

Do you or any other person connected with your company have a relationship (personal or professional) with any of the employees of ABL Europe?

 Yes, please specify:

 No

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Has your company ever been:	<input type="checkbox"/> Yes, please specify:
<ul style="list-style-type: none">Subject to sanctions or has been blacklisted by the government or an international organization?Investigated or been convicted of an offence involving fraud, bribery, improper payments, or any other form of corruption in the last five years?	<input type="checkbox"/> No

CONTACTS INFORMATION

Commercial contact

Name: _____ Email: _____

Phone number: _____

Order contact

Name: _____ Email: _____

Phone number: _____

FINANCIAL INFORMATION

Bank details: To be completed by the Third Party.

Name: _____ Country: _____

Address: _____

Bank Accounts Details: _____

Payment mode: _____

Payment term: _____ days

Discount rate: _____

Intra-community VAT number: _____

Remuneration modality:

- Flat-rate fees
- Service fees (based on invoices)
- Fixed prices for products purchased under contract
- Commission, please specify: _____
- Other, please specify: _____

Is the bank account in the name of the entity/individual establishing a contractual relationship with ABL Europe?	<input type="checkbox"/> Yes <input type="checkbox"/> No, please justify:
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If the country where the bank is located is different from the country where your company is located, please justify.	
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Do you have an anti-bribery system in place in your company? Yes, please specify:
 No

Please sign below to certify the following statements:

I undersigned, _____, in my capacity as representative of (company name) _____, certify that:

- The information provided above is accurate and complete.
- I have read, understand and certify that (company name) _____ will comply with ABL Europe's Third-Party Business Practices.
- Activities performed with or on behalf of ABL Europe will comply with all applicable laws and regulations.

Signature :

Date : **Cliquez ou appuyez ici pour entrer une date.**

Name :

Function

SAP ENTRY BY PURCHASING

Comments:

Date: **Cliquez ou appuyez ici pour entrer une date.** **Visa:**

SAP ENTRY BY ACCOUNTING

Comments:

Date: **Cliquez ou appuyez ici pour entrer une date.** **Visa:**