

SAP Vendor ID

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VENDOR MASTER DATA FORM FOR CREATION/UPDATE

(DULY COMPLETED AND SIGNED FORM, TO BE SENT BY EMAIL ATTN: SRM OFFICER)

It is mandatory to fill in all the required fields marked with asterisks*. Please forward scanned original copy of a letter stating the Supplier Bank Particulars expressed on the letterhead and must be duly authorized by the CFO/Finance Manager/Company Director and stamped with the Company seal for authenticity.

Action:

<input type="checkbox"/> Create a New Vendor	<input type="checkbox"/> Add New Bank Details	<input type="checkbox"/> Payment Block
<input type="checkbox"/> Change Existing Bank Details	<input type="checkbox"/> Remove Payments	<input type="checkbox"/> RFQ Block (06)
<input type="checkbox"/> Vendor Marked for Deletion	<input type="checkbox"/> Purchasing Block	<input type="checkbox"/> Change Vendor Details
<input type="checkbox"/> Posting Block		

General Data / Vendor Details:

Company / Vendor Name: *

Address 1 *

Address 2 *

Address 3 *

Postal Code: * City: * Country: *

Region Telephone: * Fax: *

E-mail ID: * Tradenet ID:

Vat no: Business req. no.:

Vendor Bank Details:

Bank Account Beneficiary Name: *

Bank Country: *

Bank Name: *

Address: *

Branch Name:

SWIFT Code Bank Number: Bank Account Number: *
(SORT Code /NIB Code/SIC Code/Bank Routing No./ABA/Fed Wire)

IBAN Number: Payment Method:

Payment Terms: *45 days from DATE of receipt of the invoice Currency:

**Unless otherwise agreed under a current WSM agreement/contract*

Accounting Information:

(MASTER DATA CONTROLLER)

Vendor Account Number: Vendor Account Number:

Recon Account: Sort Key:

Payment terms:

<p>(a) Requested by: Name: <input type="text"/></p> <p>Date: <input type="text"/></p>	<p>(b) Authorized/Approved By: Name: <input type="text"/></p> <p>Date: <input type="text"/></p>	<p>(c) Master Data Controller: Name: <input type="text"/></p> <p>Date: <input type="text"/></p> <p>(d) Created / Updated By: Name: <input type="text"/></p> <p>Date: <input type="text"/></p>
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