

Offline Translated Version of the Supplier External Form

1.0 Supplier Name

2.0 DUNS Number

3.0 Preferred PO Language

4.0 Primary Supplier Contact who will act as a Supplier's Coupa Administrator

First Name

Last Name

Email address

Work Phone

Mobile Phone

Fax

This individual will be able to add additional contacts for the supplier into the Coupa Supplier Portal (CSP) to complete banking and tax details, as well as delegate risk questionnaires to the proper individuals within their company.

5.0 Company Legal Address

Region Country/Region

State Region

State ISO Code

Address Name

Street Address

Street Address 2

Street Address 3

Street Address 4

City

Postal Code

Location Code

6.0 Banned Country Validation

In accordance with Kimberly-Clark policy, please verify that you have identified all manufacturing locations, including suppliers of this supplier, that will supply Kimberly-Clark are not located in any of the below banned sourcing countries: Afghanistan, Burundi, Central African Republic, Chad, Congo, Dem. Rep., Congo, Rep., Cuba, Equatorial Guinea, Eritrea, Guinea-Bissau, Iran, Iraq, Korea Dem. Rep., Libya, Pakistan, Somalia, South Sudan, Sudan, Syrian Arab Republic, Tajikistan, Turkmenistan, Venezuela RB, Western Sahara, Yemen Rep., Zimbabwe

By checking this box, I acknowledge that the requested supplier DOES NOT operate or manufacture in any of the above countries or regions

7.0 Tax Registrations

Country

Number

Local

7.1 VAT Tax Number

** If your VAT tax value is listed above as a "tax registration", please copy + paste it into this field **

8.0 Current Remit To/Banking Details

Active

Remit To Contact Email

Bank Country/Region

Bank Name

Bank Control Key (Account Type)

PLEASE ENTER YOUR TWO (2) DIGIT BANK CONTROL KEY. If you do not have or do not know your Bank Control Key, leave this field blank.

Bank Account Holder Name

Please select type of account you are adding

Bank Account Number

Bank Routing Number

Wire Account Number

Bank Wire Routing Number

IBAN Number

If applicable

SWIFT Code (BIC)

If applicable

9.0 Do you need to add a Remit To/Bank Details?

9.1 New Remit To/Banking Details

Active

Remit To Contact Email

Bank Country/Region

Bank Name

Bank Control Key (Account Type)

PLEASE ENTER YOUR TWO (2) DIGIT BANK CONTROL KEY. If you do not have or do not know your Bank Control Key, leave this field blank.

Bank Account Holder Name

Please select type of account you are adding

Bank Account Number

Bank Routing Number

Bank Wire Routing Number

Wire Account Number

IBAN Number

If applicable

SWIFT Code (BIC)

If applicable

10.0 Select Region associated with Supplier Remit To/Banking Details

11.0 Documentation

In the attachment fields below, please attach bank forms and any additional documentation as necessary per below chart.

Note: PLEASE USE SHORT FILE NAMES THAT ARE UNDER 100 CHARACTERS IN LENGTH. ENSURE EACH FILE ATTACHED IS LESS THAN 20 MB BEFORE SUBMITTING.

Country	Requirement
North America	W-9/W-8 Tax Forms (no older than 3 years); Bank account confirmation letter (with company name, address matching the tax form, bank account, and bank routing information) or a voided check.
East Africa	Vendor Application Form (fulfilled, signed, PDF form); VAT Certificate, Bank Account Confirmation (official bank letter, stamped, no older than 3 months); Company's Letterhead signed and stamped by Vendor; Tax Clearance Certificate
West Africa	Vendor Application Form (fulfilled, signed, PDF form); VAT Certificate, Bank Account Confirmation (official bank letter, stamped, no older than 3 months); Company's Letterhead signed and stamped by Vendor; Tax Clearance Certificate
Europe	Bank account confirmation letter (not older than 3 months with account number and IBAN, signed and stamped by bank); VAT registration certificate; Letterhead
GCC	VAT Certificate; Bank account confirmation (official bank letter, stamped, no older than 3 months); Commercial Registration Certificate; GCC Vendor Form on headed paper with company logo, signed and stamped
Exempt Vendors	Vendor Information Request Sheet on letterhead, sign and stamp and resend in PDF format; Vat registration certificate; Bank letter from bank confirming bank account details (bank key, bank account number, IBAN, BIC/SWIFT code, no older then 3 months, signed and stamped by the bank)

11.1 Attachments

Attachments

11.2 Federal Tax Form

Type

Attachments

12.0 Additional Supplier Contacts

If you are a supplier of any type of material goods, please provide the contact details for Product Safety and Manufacturing Quality at the site that will be responsible to provide these goods.

12.1 Product Safety Contact - First and Last Name

Please enter one contact name only e.x. John Smith

12.2 Product Safety Contact Email

Please enter one contact email only.

12.3 Mfg. Quality Contact - First and Last Name

Please enter one contact name only ex. John Smith

12.4 Mfg. Quality Contact Email

Please enter one contact email only.

12.5 Shipping Information Contact Email

12.6 PO Email

13.0 Certificate

Please complete the below information and attach any certificate(s) required by local authorities or Kimberly-Clark for suppliers. (e.g., CIN, GST, MENA, MSMED, SEAL, etc..)

13.1 Certificate

Type

Effective Date

Expiration Date

Attachments

Description

14.0 Are you a diverse supplier?

14.1 Supplier Diversity

Country

Diversity Category

Subcategory

Diversity Certificate

Agency

Effective Date

Expiration Date

Attachments

Description

14.2 Diversity Certificate Number

15.0 Additional Comments/Information

15.1 Additional Comments

16.0 Internal K-C Use Only

The below fields are for use by K-C members only.

16.1 PO Method

To be reviewed by K-C Supplier Onboarding Team.

16.2 PO Change Method

To be reviewed by K-C Supplier Onboarding Team.

16.3 Duplicates Exist

A Duplicate supplier check will be done here

The form is now complete. Please submit your answers back to Kimberly-Clark.