



## Section B

### Basic Information

Supplier Legal Entity Name																			
Trading Name / Doing Business As (DBA)																			
Registered Address <small>** Physical address to receive Official Correspondence</small>	Line 1 :-																		
	Line 2 :-																		
	City :-	State :-																	
	Postal Code :-	Country :-																	
	Email :-																		
Purchase Order Address <small>** Ordering Address to be printed on the Purchase Orders (PO). ** PO would be emailed to the Email address mentioned here (Please enter if different from Registered and Remitting address)</small>	<input type="checkbox"/> Select if same as Registered address <input type="checkbox"/> Select if same as Remitting address																		
	Line 1 :-																		
	Line 2 :-																		
	City :-	State :-																	
	Postal Code :-	Country :-																	
	Email :-																		
Remitting Address <small>** Remittance advice would be emailed to the Email address mentioned here. (Please enter if different from Registered and Purchase Orders address)</small>	<input type="checkbox"/> Select if same as Registered address <input type="checkbox"/> Select if same as PO Delivery address																		
	Line 1 :-																		
	Line 2 :-																		
	City :-	State :-																	
	Postal Code :-	Country :-																	
	Email :-																		
Corporate Phone Number <small>(Prefix Country Code &amp; AreaCode)</small>																			
DUNS Number <small>(Registered address DUNS)</small>	<input type="checkbox"/> Yes, Please enter below <input type="checkbox"/> Not Applicable <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>																		
Company Registration Number <small>(if applicable)</small>	<input type="checkbox"/> Yes, Please enter below <input type="checkbox"/> Not Applicable <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>																		
	<i>Example - Switzerland-UID, India-CIN, United Kingdom-CRO, France-SIREN, Australia-ACN, Ireland-CRO, Germany-HRB, Hong Kong-CR, Poland-KRS, Canada-BN, Japan-Corporate number, Netherlands-KVK, Singapore-UEN.</i>																		
Supplier VAT/GST Registration Number <small>(VAT - Value Added Tax) (GST - Goods and Service Tax)</small>	<input type="checkbox"/> Yes, Please enter below <input type="checkbox"/> Not Applicable <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>																		
Supplier based in USA <small>(Please select the relevant options applicable) (TIN -Tax Identification Number) (SSN - Social Security Number) (EIN - Employee Identification Number)</small>	<input type="checkbox"/> <b>TIN</b> <input type="checkbox"/> Not Applicable <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table> <input type="checkbox"/> <b>SSN</b> <input type="checkbox"/> Not Applicable <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table> <input type="checkbox"/> <b>EIN</b> <input type="checkbox"/> Not Applicable <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>																		
Supplier based in India (mandatory)	<b>PAN</b> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table> <input type="checkbox"/> <b>MSME</b> <input type="checkbox"/> Not Applicable <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>																		
	<b>India Income Tax Return</b> <span style="float: right; font-size: small;">(DD/MM/YYYY)</span> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 20%;">Assessment Year</th> <th style="width: 30%;">Status</th> <th style="width: 20%;">ITR #</th> <th style="width: 30%;">Filing date</th> </tr> </thead> <tbody> <tr> <td>FY 2018-19</td> <td>Choose an item</td> <td></td> <td></td> </tr> <tr> <td>FY 2019-20</td> <td>Choose an item</td> <td></td> <td></td> </tr> <tr> <td>FY 2020-21</td> <td>Choose an item</td> <td></td> <td></td> </tr> </tbody> </table>			Assessment Year	Status	ITR #	Filing date	FY 2018-19	Choose an item			FY 2019-20	Choose an item			FY 2020-21	Choose an item		
Assessment Year	Status	ITR #	Filing date																
FY 2018-19	Choose an item																		
FY 2019-20	Choose an item																		
FY 2020-21	Choose an item																		
Supplier based in Australia (mandatory)	<b>ABN</b> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>																		

Bank Details (To be filled in by Supplier)	
Beneficiary Account Name	
Beneficiary Account Number	
Account Type <small>(Please select the relevant option)</small>	<b>Choose an item</b>
Bank Name	
Bank ID	<input type="text"/>
Branch Address	City :- Country (mandatory) :-
Branch ID	<input type="text"/>
Bank Account Currency	<b>Choose an item</b> If Others, Please specify :-
Bank and ACH Routing Number <small>(Mandatory for USA)</small>	<input type="checkbox"/> <b>ACH (Default Payment Mode)</b> <input type="checkbox"/> Not Applicable <input type="checkbox"/> <b>WIRE</b> <input type="checkbox"/> Not Applicable
IBAN/QR IBAN Code <small>(if applicable)</small>	<input type="checkbox"/> Yes, Please enter below <input type="checkbox"/> Not Applicable <input type="text"/>
SWIFT Code (mandatory)	<input type="text"/>
IFSC Code (mandatory for India)	<input type="text"/>

Intermediary Bank Details	
Bank Name	
Bank ID/ABA number (if applicable)	<input type="text"/>
Bank SWIFT Code	<input type="text"/>
Supplier based in Japan, China, Taiwan (mandatory)	
Beneficiary Account Name in Local Language <small>(Japan-Katakana Script, China &amp; Taiwan)</small>	
Beneficiary Bank Name in Local Language <small>**Mandatory for China</small>	

Authorized Supplier Representative for Official Contacts		
	Contact Person 1 (Mandatory)	Contact Person 2
Name		
Role/Designation		
Email address		
Phone number		

**Data Protection Disclaimer Requirement for Users Based in Switzerland:-**

For the purpose of maintenance and administration of the business relationship with you/your company, including account management, the Credit Suisse legal entity in Switzerland to which you are providing products or services is entitled to make any contractual agreement for services or products, invoices contact information and invoices payment information, as well as further information on the business relationship for services or products with you accessible within Credit Suisse Group Affiliates worldwide. Such information may also be made accessible or be transferred to Credit Suisse Group Affiliates or a third party (in Switzerland or abroad) that are charged with specific administration and management services, such as payments, as well as general IT or other support services, to the extent necessary for such Affiliate or third party to fulfil its administrative and management, or support services, functions. As such, the data may be available in countries, which do not have an equivalent level of data protection as in Switzerland, providing always that Credit Suisse has taken measures to comply with any applicable Swiss laws, including but not limited to any legislation relating to the protection of your personal data pursuant to Swiss law.

Declaration (To be filled in by Supplier)	
<input type="checkbox"/>	I, hereby declare that the information furnished above is true, complete & correct to the best of my knowledge and belief.
Date (DD/MM/YYYY) :-	Name :-

Please send soft copy of completed SSF form along with the below relevant form/certificates as applicable:-

- US based Suppliers :- W9 form required. Additionally, Form 501 (c) 3 for Charity based Suppliers, CA 590 form for California based Suppliers.
- Foreign Company doing business in US :- W-8BEN-E form required.
- India based Suppliers :- PAN Card & VAT/GST/MSME Registration Certificate required.
- All Other Countries :- GST/VAT Registration Certificate.

Please send one of the below document for Bank detail verification:-

- Bank Details printed on Bank Letter Head OR
- Bank Details printed and signed on Company Letter Head OR
- Copy of cancelled Check.

In case of Supplier Legal Name change, please share relevant Name Change document.

This form needs to be sent by the supplier to one of the below email addresses based on Credit Suisse's billing entity Country **keeping the Credit Suisse requester in loop**:-

- US based Credit Suisse Billing Entity: - supplierdata.us@credit-suisse.com
- APAC based Credit Suisse Billing Entity: - supplierdata.apac@credit-suisse.com
- Europe based Credit Suisse Billing Entity: - supplierdata.europe@credit-suisse.com

**Please verify the details before clicking the “Confirm” button. Once confirmed, details cannot be edited and a new form needs to be filled in.**

**Confirm**