

# JOHNSON MEDTECH

## Supplier Registration Form

### Johnson MedTech – Americas

#### SCS Form 2

**Instructions** \*indicates required fields

**Supplier:** Complete pages 1 & 2 (Sections 1-3) Sign page 3 and return to JMD/JE Employee.

**JMD/JE Employee:** Complete pages 4-6 (Sections 4-6) per SOP ACC-031 and SCS-PUR-005  
Send to [YC.Yau@johnsonelectric.com](mailto:YC.Yau@johnsonelectric.com)

**Treasury/Accounting:** Complete section 7 to confirm that JMD ERP information matches SRF

#### 1) Supplier Site and Contact Information

<b>*Supplier Name</b> (DBA when available/Full Legal Name)							
<b>Holding Supplier Name</b>							
<b>Business Registration No.</b>							
<b>Tax Payer ID</b> (Asian or American)							
<b>Tax Registration No.</b> (Europe)							
<b>*Supplier Address</b>							
<b>*Email Address for PO receipt</b>							
<b>Job Title/Function</b>	<b>First and Last Name</b>	<b>Email Address</b>	<b>Phone (with area code)</b>				
<b>Sales</b>							
<b>Customer Service</b>							
<b>Quality Assurance</b>							
<b>Accounts Receivable</b>							
<b>Escalation</b>							
<b>Type of Business</b>	<input type="checkbox"/> Manufacture <input type="checkbox"/> Non-Manufacture						
	<input type="checkbox"/> Private						
	<input type="checkbox"/> Publicly Traded, Stock Exchange and Trading Symbol:						
	D-U-N-S #:						
	<b>Reason if no D-U-N-S #</b>						

#### 2) Bank

<b>*Payment Method</b> (ACH Preferred)	Click here to Select Payment Method						
<b>*Bank Name</b>				<b>*Bank Country</b>			
<b>Branch Name</b>							
<b>*Branch Address</b>							
<b>Branch Number</b> (*4 digits for Mexican Bank)				<b>Reference Number</b>			
<b>*Bank Currency</b>	Click here to Select Bank Currency						
<b>ABA/Routing Number</b> (*US)							
<b>Clearing Code (Transit Number)</b> (*Canada)							
<b>BIC(SWIFT)</b> (*International)							
<b>Bank Account Number</b> (*US)							
<b>IBAN</b> (*European Bank)							



3) Other

<b>*Supplier Legal Representative</b>	
<b>*Ultimate/Immediate Supplier Shareholder</b>	
<b>*Disclosure of Supplier Affiliation or Conflict of Interest</b> Does the supplier have any affiliate, employee, or related party in a business relationship with Johnson MedTech?	<input type="checkbox"/> Yes: Explain <input type="checkbox"/> No
<b>Non-Disclosure Agreement</b> (*Required when JMD confidential information is shared with Supplier)	<input type="checkbox"/> Sign & Return to JMD <input type="checkbox"/> N/A
<b>*Tax Registration Form/Certificate/W9</b>	<input type="checkbox"/> Attached to this SRF
<b>*Supplier Bank Instructions</b>	<input type="checkbox"/> Attached to this SRF
<b>*Quality System Certification</b>	<a href="#">Click here to Select Quality System Cert</a>
<b>Most recent CMRT</b> (Conflict Mineral Reporting Template) *only required for Direct Material Suppliers	<input type="checkbox"/> Attached to this SRF <input type="checkbox"/> N/A
<b>*Financial Report</b> Please, explain if not provided (D&B or Other)	<input type="checkbox"/> Attached to this SRF <input type="checkbox"/> No:
<b>Diversity Supplier</b> *The business must be certified by National Minority Supplier Development Council (or regional affiliate) Canadian Aboriginal and Minority Supplier Council, Women’s Business Enterprise National Council (WBENC) or regional affiliate, or WBE Canada and We Connect International (Canada)	<input type="checkbox"/> No <input type="checkbox"/> Yes, Certificate Attached
	<a href="#">Click here to Select Diversity Status</a>

## Corporate Ethics Policy

### **Purpose**

Johnson MedTech believes that honesty, integrity and fairness are important company assets in business. Employees of Johnson MedTech should decline personal advantages offered by suppliers (herein after 'suppliers' means existing suppliers and potential suppliers) as acceptance will lead to possible bias or impropriety.

This policy explains the **NON-ACCEPTANCE POLICY** on all personal advantages offered by any of our suppliers. The term "advantages" means any gift, meal, social hospitality, loan, fee, reward, employment, contract, service or favor.

### **Scope**

Johnson MedTech benchmarks itself against highly respectable ethical codes in the business world. Integrity in business practice is beneficial to our employees, suppliers, business partners, shareholders and society as a whole. Hence, it is our responsibility to ensure that our colleagues and suppliers follow such guidelines on a global basis.

### **General Policy Regarding Business Gifts**

Employees of Supply Chain Services Organization should be made fully aware of this non-acceptance policy. The following provides general guidelines for employees.

- i. *Business Lunches, Dinners and Entertainment*  
Johnson MedTech employees must **not** accept meals and any other related entertainment offered by suppliers at any time.
- ii. *Gifts and Advantages*  
Johnson MedTech employees are absolutely **not** allowed to ask for or accept gifts in any form, including gift certificates, food certificates or rewards certificates from suppliers. Personal advantages, as well as benefits, from suppliers are also forbidden including the use of facilities or favors extended to colleagues and/or their families.

**\*Johnson MedTech employees are strictly prohibited from accepting cash from suppliers, including red-packet money \***

**\* Acknowledged and Agreed by :** Signature \_\_\_\_\_

(Electronic Signature Preferred)

Print name \_\_\_\_\_

Title \_\_\_\_\_



**Supplier, STOP here!**



# JOHNSON MEDTECH

Internal Johnson MedTech

#### 4) Supplier Site and Contact Information

<b>*Action Required</b>	Click here to Select Action <b>Note: If supplier name change, complete Supplier Change Request Form and attach.          If supplier banking change, complete Supplier Bank Change Request Form.</b>		
<b>Supplier No in JMD ERP</b> (*required for existing supplier)		<b>Site Code in JMD ERP</b> (*required for existing supplier in Oracle)	
<b>*Item/Services the supplier will provide</b>			
<b>*Reason new supplier required/existing supplier cannot be used</b>			
<b>*Supplier Type</b>	<input type="checkbox"/> External Supplier <input type="checkbox"/> Intercompany <input type="checkbox"/> JMD/JE Employee (one supplier code for all employees under one JMD entity)		<input type="checkbox"/> Temporary Supplier Inactive Date:
<b>Supplier Code Purpose</b>	<input type="checkbox"/> Purchase Orders <input type="checkbox"/> Payment Only		
<b>*Site</b>	<input type="checkbox"/> JMD (293) <input type="checkbox"/> Other (For multiple currency or payment term): <b>(please specify)</b>		
<b>*Payment Terms</b> Choose either Prox Terms, Net Terms or Other	<input type="checkbox"/> <u>Prox Terms (Preferred)</u> <input type="checkbox"/> <u>Net Terms</u> Click here to Select a Term                      Click here to Select a Term <input type="checkbox"/> Other, please specify: <b>Terms less than 60 must be approved by Head of SCS</b>		
<b>*Incoterm 2010</b>	<input type="checkbox"/> DAP JMD W/H Vandalia, OH <input type="checkbox"/> CPT (Named Place – Required) <input type="checkbox"/> FCA (Named Place – Required) <input type="checkbox"/> Other (Named Place – Required)		
<b>Supplier Verification of payment and Incoterms obtained?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Note: please, obtain verification of the supplier's agreement to the payment terms and Incoterms.          Terms on quote should match above. Exception; written commitment from the supplier is available.</b>			
<b>*Ship To</b> (Select from list in JE portal APAC > Teams & Themes > (SCS Asia) > System Corporate SCS)	<input type="checkbox"/> JMD Vandalia <input type="checkbox"/> Other:		
<b>Shipment Method</b>	<input type="checkbox"/> Air <input type="checkbox"/> Sea <input type="checkbox"/> Land/Truck		
<b>*Bill to Code/Location</b> (Select pre-set bill to code for Oracle sites)	<input type="checkbox"/> Bill to-JMD <input type="checkbox"/> Other:		
<b>*Currency</b> (Must match bank acct. currency)	<input type="checkbox"/> USD <input type="checkbox"/> EUR		
<b>*Country of Origin</b> (Where material is made)		<b>Country of Supplier Head Quarters</b>	
<b>*Supplier Group</b>	<input type="checkbox"/> Direct <input type="checkbox"/> Indirect <input type="checkbox"/> Logistics <input type="checkbox"/> Packaging <input type="checkbox"/> Other: <b>Note: if supplier is set up for Payment Only, select Others</b>		



5) Supporting Documents

Document Name	Direct Material Supplier	Indirect Material Supplier	Provided? Y/N	Reason if not provided but required
Complete SRF & Supplier Signed Ethics Policy	Required for all		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tax Form	Required for all		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Financial Report (D&B or other) if not provided by supplier, have administrator provide	Required for all		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Customer Directed Letter/RASIC	Required if Customer Directed		<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Qualification Certificate	Not Required	May be required for local regulation (eg. Calibration)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Non-Disclosure Agreement	Required when JMD confidential information needs to be provided		<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Contract	Required if there is a contract that needs to be signed		<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Diversity Certificate	Required for Diversity Supplier		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Quality System Certification	Required	Not Required	Click here to Select Quality System Cert	
Most recent Conflict Mineral Reporting Template	Required	Not Required	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Supplier Assessment Questionnaire	Required	Not Required	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Cost and Supplier Selection Justification	SEM prepared by buyer per item	Required when single purchasing > \$3,500 or annual purchasing > \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Due diligence to verify legitimate business (financial report, on-site visit, customer references, etc.)			<input type="checkbox"/> Verified, document(s) attached <input type="checkbox"/> No risk, N/A (Explanation Required)	



6) **Signatures** (Electronic Signatures Preferred. Email approval is acceptable if attached)

① Sourced/Recommended By  
(JMD/JE Employee Name/Job Title or Customer Name): \_\_\_\_\_ Signature/Date: \_\_\_\_\_

② Applicant's Manager  
(Print Name/Job Title): \_\_\_\_\_ Signature/Date: \_\_\_\_\_

③ Head of SCS  
(Print Name/Job Title): \_\_\_\_\_ Signature/Date: \_\_\_\_\_

① Required when applicant didn't source the supplier or Email from Customer required when Customer Directed Source ② Applicant's Manager (Note: Logistic supplier to be signed by Logistic Manager) ③ Head of SCS to approve payment terms less than 60 days or if advance payment required, exclude exceptions in SOP RE 2.2.2 (Employee Benefits Supplier / Sales Rep Commission / Logistic Supplier / Machine Purchase / Construction Project / Governmental Organization).

7) **Verify ERP System is Correct**

Treasury/Accounting Only		
Treasury/Accounting Name		Date
Treasury/Accounting Signature		