

Business Partner Data Form



Please fill in this "Business Partner Data Form" correctly and return to your MSD Business Partner (physically, by email or fax).

Business Partner Contact Information - Fields with * are mandatory - if not filled out, no payment is possible

Email 1 for purchase order and Email 2 for payment advice.*

Email 1:

FAX Number:

Email 2: *

Format: 0049 89 657452 (country code / regional code / local number)

Company Name and Address

Company Name:.*

Street / House Number: *

Postal Code: *

City: *

Country:*

Bank Account Information:

Currency:.*

* I confirm the Bank account below is for the Company Name above

Fill in either Bank Section 1 if can it not Section 2 (attach legal document containing bank details if available)

Bank information Section 1

IBAN:.

SWIFT/BIC:

Bank Information Section 2

Account No.

Bank code:

Name of Bank and address

Tax Information for Corporations: (attach legal document with tax information if available)

Corp Tax Number

If applicable, State Tax Number

Individual Tax Number

If applicable, Municipal Tax Number

VAT

Other

Specify(Other)

No Tax Number

Reason*

You can find the data privacy commitment of MSD under the following URL:

<http://www.merck.com/about/how-we-operate/privacy/home.html>

Printed Name of Vendor Representative

Title

Date/Signature of Vendor Representative

** It is critical that this form is signed by Vendor Representative