



Vendor Master

Attn: _____ Fax No: _____
 Fm: _____/SMIC Ext. No: _____
 Date: _____ Fax No: **86-21-5027-8688**

Vendor Code Assigned:
Account Group=LIEF
For Official Use Only

To enable SMIC to set up the basic data and correct account treatment, you are required to update following and return Fax to SMIC at the earliest convenience.

Address

Vendor Name: _____
 Company Address: _____
 City: _____ Country: _____ Postal Code: _____ Tel: _____
 Mailing Address: _____
 Postal Code: _____ Tel: _____ Fax: _____ E-Mail: _____

VAT No: _____ (If the company is registered in China, VAT No. is required.)

Banking/Payment Data

Country: _____ Bank Account: _____
 Bank Name: _____
 Branch: _____
 SWIFT Code SA- _____ (for Global use)
 ABA No FW- _____ (for USA use)
 Sort Code No SC- _____ (for Europe use)

Vendor is to provide information on either one of the three options.

Transaction Data

Currency: USD EUR JPY GBP (Please put an "X" in one of the box only)
 Payment Term: _____ Incoterms: _____
 Sales Contact Person: _____ Tel: _____

Partner Data (Information to be filled by SMIC)

Agent/Code: _____ / _____ Tel: _____
 Branch/Code: _____ / _____ Tel: _____
 Forwarder/Code: _____ / _____ Tel: _____

- Please refer to the following links for details of SMIC Safety. Your support is appreciated.
 Health and Environmental Protection Policy : [Http://www.smics.com/eng/about/esh.php](http://www.smics.com/eng/about/esh.php)
 SMIC Quality Policy : [Http://www.smics.com/eng/about/quality_reliability.php](http://www.smics.com/eng/about/quality_reliability.php)
- SMIC will not be responsible for mistakes in payment or any delay that is due to incorrect information provided, or un-notified changes effected without SMIC's knowledge.

I certify above information is correct:

 Name & Designation / Authorized Signature Company's stamp: _____

New Create Change Delete
 Approved by _____ (Information to be filled by SMIC)