

Guide to Completing the Supplier Information Packet

Dear Prospective Genentech Supplier,

This supplier information packet must be completed in its entirety and returned to Genentech in order to set you up as a supplier. Follow the instructions below and return the completed forms to the Roche / Genentech contact you are working with. If you need assistance with completing the package, reach out to our Procure 2 Pay (P2P) Support Team to contact at +1 650-467-0810 or at p2psupport-d@gene.com.

What's Included in the Packet:

➤ **W-9 and Supplier Information Form**

- Supplier/Payee or authorized supplier representative should complete and sign this form and e-signatures are acceptable.
- Non-US suppliers should not complete page 1, but rather consult their tax advisor and/or refer to the US IRS web site (<https://www.irs.gov>) for information about required documentation. A completed electronic payment form is required for all non-US suppliers.

➤ **Electronic Payment Form**

- Genentech pays all of our suppliers/payees electronically. Electronic payment is required for all Health Care Providers (HCPs).

Answers to Frequently Asked Questions:

➤ **Who submits the supplier add request for processing?**

The Roche / Genentech employee who is requesting to work with you as a supplier must complete and submit an internal supplier add form and attach your completed supplier information packet. So be sure to send the completed packet to that contact.

➤ **Are there early payment options?**

Genentech offers options for payment sooner than our standard contractual terms. You can learn more about this program by sending an email to earlypayprograms-d@gene.com.

➤ **What is a Small Business Enterprise?**

- The U.S. Small Business Administration sets standards for which companies qualify as “small” businesses. For North American Industry Classification System (NAICS) codes and corresponding company size standards, please refer to this SBA reference: http://www.sba.gov/sites/default/files/files/Size_Standards_Table.pdf.

Substitute W-9 & Supplier Information Form



Please complete this form in its entirety to expedite adding you as a supplier/payee.

* Remittance Name, Address and Zip Code are mandatory fields if payment method is through check.

Supplier Information			
Business name (as <u>shown on your</u> income tax return and registered with the IRS)			
Business Name/Disregarded Entity Name (if different from above)		* Remittance Name (what is shown on the invoice)	
Primary/Headquarter Address		* Remittance Address (if different than Primary)	
City, State, Zip Code		* Remittance City, State, Zip Code	
Phone		Email	
Tax Classification Individual/sole proprietor or single member LLC C Corporation S Corporation Partnership Trust/Estate LLC (C=C Corp., S=S Corp., P= Partnership) Other _____			Exemptions Exempt payee code (if any): _____ FATCA Exemption reporting code (if any): _____
Taxpayer Identification Number (TIN)		Dun and Bradstreet Number (DUNS)	
SSN - - OR EIN -			

Small Business Information	
Socio-Economic Category If you have more than one ownership representation, please select from below	Please register to our small business portal. Use the Link below: Link: https://genentech.gainfront.app/ I completed my online registration at link provided above Yes No
Is your business a certified small business per the U.S. Small Business Administration (SBA)? Yes No No - Self-certified only Small Business Size Standards: http:// www.sba.gov/sites/default/files/files/Size_Standards_Table.pdf	

Supplier Code of Conduct
I have read and acknowledged the supplier code of conduct. Link to supplier code of conduct: https://www.roche.com/about/sustainability/suppliers/code-of-conduct

Certification	
Under penalties of perjury, I certify that: 1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3) I am a U.S. citizen or other U.S. person (defined in the instructions), and 4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return and you have not received notice from the service that backup withholding is terminated. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.	
Signature of U.S. Person	Date
Signer's Printed Name	Title

HEALTHCARE PROVIDER INFORMATION

- If you are a healthcare provider (HCP), health care organization (HCO), association / charitable entity or third party making payments or providing something of value to or on behalf of an HCP or HCO, please reply to the questions below.

SUNSHINE ACT / OPEN PAYMENTS TRANSPARENCY INFORMATION

- Roche/Genentech is obligated to disclose payments to U.S. Licensed HCPs and other specified covered recipients, including the provision of non-monetary items of value, as required under applicable federal or state laws or regulations, including but not limited to, the Open Payment/Sunshine Act.
- The Roche/Genentech is committed to ensuring that the data we report is as accurate as possible, and we employ extensive processes to collect and review the data prior to submission.
- For additional information pertaining to this please visit :
<https://www.gene.com/medical-professionals/sunshine-act-compliance>

Healthcare Provider Selection Type (completion of this section is mandatory)

Do you or your organization meet any of the following descriptions?

No

Yes (Please select one of the options below)

<p>1. Prescribers and Pharmacists with an active license (HCP – Healthcare Professional)</p> <p>You must provide either one of the following:</p> <p>10-digit National Provider Identification Number) :</p> <p>State License Number (in your primary state of practice) :</p> <p>Specify State :</p>	<p>Prescribers as defined by state and/or federal law (e.g., MDs, MDs, DOs, Physician's Assistants, Dentists, Podiatrists, Optometrists, APRN to include Nurse Practitioners), Pharmacists, and students in training programs related to the professions described here.</p>
<p>2. Healthcare Organization</p>	<p>Include university hospitals, general hospitals, medical clinics and healthcare facilities</p>
<p>3. Patient Organization</p>	<p>Patient Organization is defined as not-for-profit organization that represents, supports, and advocates for the needs of patients and/or caregivers.</p>
<p>4. A third-party making payments (e.g. compensation, honoraria) or providing something of value (e.g., a meal, snack, book) whether a main component of your services, or only on an occasional or ad hoc basis, to or on behalf of an HCP /HCO</p>	<p>E.g., Clinical Research Organization, Investigator Initiated Research Studies, Advisory Boards</p>

Healthcare Professional Ownership

- Indicate if you are a Healthcare Professional (HCP) or your organization is wholly-owned or partially owned by an HCP.
- An HCP is defined as prescribers such as MDs, MDs, DOs, Physician's Assistants, Dentists, Podiatrists, Optometrists, Nurse Practitioners, Pharmacists, and students in training programs.
- If the organization is owned by multiple HCPs, select "Healthcare Organization or medical group: partially owned by one or multiple HCPs"

Note: If an organization is wholly owned by an HCP the name listed for the organization should include the individual's name and "LLC".



Ordering location and Electronic Payment Form



This form is required for all suppliers and Healthcare Professionals (HCP).

eSignatures are accepted.

ORDERING INFORMATION

Sales contact: _____ City, state : _____
PO Email (distribution list email preferred): _____ Zip code : _____
PO address (if different than primary): _____

Type of Request **NEW** **CHANGE**

VENDOR/PAYEE INFORMATION

Company/Payee Name: _____
Employer Identification Number/Social Security Number: _____
Address: _____
City: _____ State/Province: _____ Postal Code: _____
Country: _____ Telephone Number: _____
Billing Contact Person(s): _____
Email address for remittance advice: _____
* A group email address is encouraged to allow multiple people to receive or access the remittance information. Email notification is sent upon payment processing

BANK ACCOUNT INFORMATION (Provide bank account details for each account and/or currency billed. Submit one form per currency and/or bank)

ACCOUNT TYPE (Please check one):	CHECKING	SAVINGS	Payment Currency (select one):
Payment Method (Please check one):	ACH / EFT	CHECK	VIRTUAL CREDIT CARD other currency: _____
Bank Routing ID / Sort code / ABA#:	Bank Name: _____		
Bank Account #:	Branch Name: _____		
Swift / BIC #:	Bank Address: _____		
IBAN (European Countries):	Bank City: _____		
Canada only: Bank Branch & ID#:	Bank Country: _____		
Example: 0001, Local branch, #45689	Account holder name: _____		

INTERMEDIARY BANK ACCOUNT INFORMATION Do you require an intermediary bank? No Yes (please complete following information)

Bank Name: _____
Intermediary Bank Country*: _____
Intermediary Bank Account #: _____
Intermediary Bank Swift Code: _____ OR Intermediary Bank routing ID # / ABA # _____
* If Intermediary bank is located in the United States provide **BOTH** Swift Code and ABA #

I request the above banking information to be effective for ALL "remit to" sites with the same Tax Identification number.

(Note: If this banking information does not pertain to ALL "remit to" sites, please provide a list of specific sites for this information).

IMPORTANT NOTE: Payments made in the vendor's domestic currency will be paid by local electronic payment. Other than in the U.S., these payments will state, "Roche Finanz AG on behalf of Genentech." Payments in a currency foreign to the vendor will be made by wire, however THE LOCAL BANK ID IS STILL REQUIRED FOR BOTH TYPES OF PAYMENTS to be setup in Genentech's/Roche's system.

Vendor will give thirty (30) calendar days advance notice in writing to Genentech, of any changes in it's depository institution or other payment instructions. Failure to provide change notification will result in delayed payments.

Approver's Name (Please print): _____ Title: _____
Approver's Signature: _____ Date: _____

I certify that the above is correct and true, and that I, as a representative for the above named company, hereby authorize Genentech to electronically deposit payments to the bank identified above.