

AC Immune Requester

New Supplier

Supplier Amendment

Main Information

Name

Company Address

Street and Number

Postal Code And City / State

Country

Phone Number (incl. country code)

Email address

Scope of collaboration

Financial Information

Beneficiary Name

Bank Name

Full address of branch

Account number

IBAN

SWIFT / ABA # for Wire Transfer

VAT / GST / TAX Number

Invoicing currency

Date

Supplier Signature