

**AC Immune Contact**

New Supplier

Supplier Amendment

**Main Information**

Consultant/PersonName

Full Address:

Street and Number

Postal Code And City / State

Country

Phone Number (incl. country code)

Email address

Scope of collaboration/activity for AC immune

**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**