

AC Immune Contact / Requester

(please select)

 New Supplier

 Supplier Amendment

Supplier Name (legal entity)

Supplier Legal Form

Company Address

Street and Number

Postal Code And City / State

Country

Main Phone Number (incl. country code)

Main Contact Person- Name and Position

Main Contact Person email

Email for receiving Purchase Orders (if different)

Scope of collaboration / activity for AC Immune

Is the product / service requiring GxP accreditation ?

 yes

 no

PO accepted as official WO/quote confirmation

 yes

 no

Contact Person Name

Contact Email

VAT / GST / TAX Number

Invoicing currency

Beneficiary Name

Bank Name

Full address of branch

Account number

IBAN

SWIFT / ABA # for Wire Transfer

Date
Supplier Signature