



HJF MEDICAL RESEARCH INTERNATIONAL, INC.

INTERNATIONAL VENDOR INFORMATION

Please complete form and return all pages to issuing office.

VENDOR ORGANIZATION

Legal Name of Vendor: _____ Website or E-mail Address: _____

Business Address: _____ Phone: _____

City, Country, Country Code: _____ Fax: _____

Postal Address: _____

City, Country, Country Code: _____

Registration #: _____ TAX ID: _____ Date of Registration/Date of Birth: _____

Remit Payment To: _____ Payment Terms: Net _____

Requests for Quotation(s) should be sent to:

Point of Contact: _____ Phone: _____

Title: _____ Fax: _____

TYPE OF ORGANIZATION (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Distributor | <input type="checkbox"/> Corporate Entity (not tax-exempt) | <input type="checkbox"/> Wholesaler |
| <input type="checkbox"/> Corporate Entity (tax-exempt) | <input type="checkbox"/> Retailer | <input type="checkbox"/> Government Entity |
| <input type="checkbox"/> Contractor | <input type="checkbox"/> International Organization | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Foreign Government | <input type="checkbox"/> NGO | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Other (Specify) _____ | | |

BUSINESS SIZE & CLASSIFICATION (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Large Business | <input type="checkbox"/> Small Business | <input type="checkbox"/> Not-for-Profit (Specify Classification) _____ |
| <input type="checkbox"/> Government Entity | <input type="checkbox"/> NGO | |



HJF MEDICAL RESEARCH INTERNATIONAL, INC.

AFFILIATES¹ of VENDOR (if applicable – identify below any and all AFFILIATES of VENDOR, attaching additional pages if necessary)

Legal Name of Affiliate _____ Website: _____

Business Address: _____ Phone: _____

City, Country, Country Code: _____ Fax: _____

Postal Address: _____

City, Country, Country Code: _____

Registration #: _____ TAX ID: _____ Date of Registration: _____

Legal Name of Affiliate _____ Website: _____

Business Address: _____ Phone: _____

City, Country, Country Code: _____ Fax: _____

Postal Address: _____

City, Country, Country Code: _____

Registration #: _____ TAX ID: _____ Date of Registration: _____

Legal Name of Affiliate _____ Website: _____

Business Address: _____ Phone: _____

City, Country, Country Code: _____ Fax: _____

Postal Address: _____

City, Country, Country Code: _____

Registration #: _____ TAX ID: _____ Date of Registration: _____

Legal Name of Affiliate _____ Website: _____

Business Address: _____ Phone: _____

City, Country, Country Code: _____ Fax: _____

Postal Address: _____

City, Country, Country Code: _____

Registration #: _____ TAX ID: _____ Date of Registration: _____

¹ AFFILIATE means, with respect to any Person, any other Person that directly or indirectly through one or more intermediaries' controls, is controlled by, or is under common control with such Person. For purposes of this definition, the term "controls" (including its correlative meanings "controlled by" and "under common control with") means the possession, directly or indirectly, of the power to direct or cause the direction of the management and policies of a Person, whether through the ownership of voting securities, by contract, or otherwise. "Person" means any individual, corporation, limited liability company, general or limited partnership, joint venture, association, joint stock company, trust, unincorporated business or organization, government or agency or political subdivision thereof, or other entity, whether acting in an individual, fiduciary, or other capacity.



HJF MEDICAL RESEARCH INTERNATIONAL, INC.

Does any owner, sales/service representative, or employee, have a personal or financial relationship with an employee of HJF or HJFMRI (include all site locations)? Yes No

Is your firm or any of its Principals² presently debarred, proposed for debarment, suspended, or declared ineligible for the award of any contract by any U.S. Government agency? Yes No

Within the last three-years has your firm, or any of its Principals, been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or performing a U.S. Government contract or subcontract; violation of U.S. Government antitrust statutes relating to the submission of offers; or embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, or receiving stolen property? Yes No

Is your firm, or any of its Principals, presently indicted for, or otherwise criminally or civilly charged by any governmental entity with the commission of any of the offenses listed above? Yes No

Has your firm, within the past three years, had one or more contracts terminated for default by any U.S. Government agency? Yes No

Is your firm familiar with the Foreign Corrupt Practices Act of the United States of America (15 U.S.C. §§ 78dd-l, et. seq.)? Yes No

Is your firm willing to comply with the Foreign Corrupt Practices Act of the United States of America in its dealings on behalf of and in support of HJF and HJFMRI? Yes No

Please have an authorized representative of your firm execute where indicated below.

VENDOR NAME: _____

SIGNATURE: _____

PRINT NAME: _____

TITLE: _____

DATE: _____

² "Principals" means officers: director, owner, partner, or other Person having primary management or supervisory responsibilities.



HJF MEDICAL RESEARCH INTERNATIONAL, INC.

Wire Request Form

(This request form must be submitted with each invoice for payment.)

SECTION A:

Beneficiary Account Name _____

If account name is different from vendor name, please provide bank documentation verifying or evidencing account ownership, unless a formal invoice indicates business registration ID and doing business under such entity.

Beneficiary Address: _____

Beneficiary Bank: _____

Bank Address: _____

SWIFT Code: _____

Bank Account Currency: _____

Account Number/IBAN (required for some currencies): _____

SECTION B:

Intermediary/Correspondent Bank Name: (if applicable/receiving currency other than local currency):

Intermediary SWIFT (if applicable): _____

Please return all pages of completed form to issuing office.

By submitting this form you acknowledge HJF's Privacy Notice. <https://www.hjf.org/resources/privacy-notice/>