

Instructions: *indicates required fields

Supplier: Complete pages 1-2 Sign page 3 and return to JMD Employee.

JMD Employee: Complete section 1-3 (per SCS-PUR-005)

Treasury/Accounting: Complete section 4

Date

1. Supplier Information				
*Supplier Name (matching tax form & bank beneficiary)				
Holding Supplier/Parent Co. (if applicable)				
*Tax ID Number (Business Registration Number)				
Address				
*Line 1				
Line 2				
*City		*State		
*Zip		*Country		
Contact Information				
*Phone (with area code)				
*Email - PO receipt (if applicable)				
*Email - Payment Remittance (pay notification & details)				
Website				
Company Representatives				
Title	Name (First & Last)	Email	Phone (with area code)	
*Customer Service				
*Accounts Receivable				
Escalation				
Sales (Direct)				
Quality (Direct)				
Company Information				
Business Type		Public?		Ticker Symbol (if public)
D-U-N-S #				
If no D-U-N-S #, website link to annual financial report				
Intercompany? (Y/N)		Intercompany Number (6 digits)		

JOHNSON MEDTECH

Supplier Registration Form –Americas

2. Banking and Financial Information				
** Approval is required if Supplier Legal Name and Beneficiary Name are different**				
*Beneficiary (Name on Account)				
*Bank Name		Branch Name		
*Bank Currency	(Select)	Other Currency		
Bank Address				
*Street				
*Country		State	Zip	
*United States & Asia				
Account Number				
Routing (ACH)				
Routing (Wire)				

3. Legal and Miscellaneous	
*Disclosure of Supplier Affiliation or Conflict of Interest (Does the supplier have any affiliate, employee, or related party in a business relationship with Johnson Medtech?)	If "Yes", explain: <input type="checkbox"/> Yes <input type="checkbox"/> No
*Tax Registration Form/Certificate/W9/W8-BEN-E	<input type="checkbox"/> Attached
Supplier Legal Representative	
* Bank Instructions (must include bank account beneficiary name)	<input type="checkbox"/> Attached
Non-Disclosure Agreement (*Required when JMD confidential information is shared with Supplier)	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
Diversity Supplier? (Attach certificate from approved council)	
*Quality System Certification (Select all that apply) <i>(Preferred ISO: ISO 13845:2016)</i>	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> ISO 9001:2015</div> <div style="width: 50%;"><input type="checkbox"/> IATF 16949:2016</div> <div style="width: 50%;"><input type="checkbox"/> ISO 14001:2015</div> <div style="width: 50%;"><input type="checkbox"/> Quality Manual</div> <div style="width: 50%;"><input type="checkbox"/> ISO 13845:2016</div> <div style="width: 50%;"><input type="checkbox"/> Other</div> <div style="width: 50%;"><input type="checkbox"/> N/A</div> </div>

Supplier Code of Conduct

Johnson Medtech's Supplier Code of Conduct outlines the commitment to social responsibility and sustainable business management expected from our supplier partners. As a supplier to Johnson Medtech you are expected to comply with this Supplier Code of Conduct and adopt an equivalent code of conduct throughout your supply chain.

Johnson Medtech's Supplier Code of Conduct can be found [here](#).

Corporate Ethics Policy

Johnson Medtech believes that honesty, integrity and fairness are important company assets in business. Employees of Johnson Medtech are prohibited from receiving personal advantages offered by suppliers (herein after 'suppliers' means existing suppliers and potential suppliers) as acceptance will lead to possible bias or impropriety. This [policy explains the NON-ACCEPTANCE POLICY](#) on all personal advantages offered by any of our suppliers. The term "advantages" means any gift, meal, social hospitality, loan, fee, reward, employment, contract, service, or favor.

Johnson Medtech's Code of Ethics and Business Conduct can be found [here](#).

*General Policy Regarding Business Gifts

- i. Suppliers are required to act honestly, in good faith, and with professionalism.
- ii. Suppliers and their representatives are not allowed to offer gifts in any form, including gift certificates, food certificates or rewards certificates to Johnson Medtech employees if it could give the appearance, if not the reality, of affecting the employee's judgement.
- iii. Personal advantages, as well as benefits, from suppliers are also forbidden including the use of facilities or favors extended to Johnson Medtech employees' colleagues and/or their families.
- iv. Suppliers may only offer discounts or other benefits that are also available to the public or similarly situated company employees
- v. Gifts of insignificant value such as items with logo of Company's name or trademarks, and normal and appropriate hospitality, may be offered for the purpose of promoting the company's image, presenting its products and services, and promoting good relations with business partners.

Suppliers are strictly prohibited from offering cash to Johnson Medtech employees, including red-packet money

*Acknowledged and Agreed by:

Name (Print):

Signature:

Title:

Date:

Supplier Stop Here

Internal Johnson Medtech

1. Request Legal's approval from: dionne.ng@johnsonelectric.com using KYS format.
2. Send this form and supporting documents to SCS Administration
 - 2.1. Send to cici.n.hang@johnsonelectric.com

1) Supplier Information (to be completed by JMD)

*Action Required	(Select) Note: If supplier contacts change, complete Supplier Change Request Form. If supplier banking change, do not use this form. Follow SOP ACC-031.		
Supplier No in JMD ERP (*required for existing supplier)		Site Code in JMD ERP (*existing Oracle Supplier)	
*Item/Services the supplier will provide			
*Reason new supplier required/existing supplier cannot be used			
*Country of Origin (Where material is made)		Country of Supplier HQ	
*Supplier Type (one supplier code for all employees under one JMD entity)	<input type="checkbox"/> External Supplier <input type="checkbox"/> Intercompany <input type="checkbox"/> JMD Employee <input type="checkbox"/> Professional <input type="checkbox"/> Commission		<input type="checkbox"/> Temporary Supplier Inactive Date:
Supplier Code Purpose	<input type="checkbox"/> Purchase Orders <input type="checkbox"/> Payment Only		
*Supplier Group For Payment Only, select Other	<input type="checkbox"/> Direct <input type="checkbox"/> Indirect <input type="checkbox"/> Logistics <input type="checkbox"/> Employee <input type="checkbox"/> Other:		
*Payment Terms	<input type="checkbox"/> 15 th 4 th Prox (120) <input type="checkbox"/> 5 th 4 th Prox (110) <input type="checkbox"/> 5 th 3 rd Prox (80) <input type="checkbox"/> 15th 3rd Prox (90) Standard Terms <input type="checkbox"/> 15 th 1 st Prox(30) <input type="checkbox"/> 15 th 2 nd Prox (60) <input type="checkbox"/> 5 th 2 nd Prox (50) <input type="checkbox"/> Other: <small>(Non Prox/ terms below 15th 2nd Prox must be approved by Head of SCS) *Note exceptions listed on point ②, Page 7</small>		
*Currency	<input type="checkbox"/> USD <input type="checkbox"/> EUR Other:		
*Incoterms	<input type="checkbox"/> DAP JMD W/H Vandalia, OH <input type="checkbox"/> CPT (Named Place – Required) <input type="checkbox"/> FCA (Named Place – Required) <input type="checkbox"/> Other (Named Place–Required)		
Shipment Method	<input type="checkbox"/> Air <input type="checkbox"/> Sea <input type="checkbox"/> Land/Truck		
Supplier Verification of payment and incoterms Note: Payment terms and Incoterms on supplier's quote should match the terms on this form. If not, obtain written commitment from the supplier to the terms.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain due diligence completed to confirm supplier is a legitimate company * Required for Indirect & Logistics suppliers			

2) Supporting Documents (R=Required, Shaded=Not Applicable)

Document Name	Direct	Indirect/ Other	Interco	Logistics	Employee	Added Yes/No	Reason if not included
Verified By Legal?	R	R	R	R		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tax/Business Registration Form	R	R	Preferred	R		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bank Instructions	R	R	R	R		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Financial Report (D&B or other) if not provided by supplier have administrator provide	R	R		R		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Non-Disclosure Agreement (When JMD Confidential info is provided)	R	R		R		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Diversity Certificate (Required for Diversity Supplier)	R	R		R		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Contract (when applicable)	R	R		R		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Quality System Certification or Qualification Certificate	R	R (Required for local regulation e.g. Calibration)				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> IATF 16949:2016 <input type="checkbox"/> ISO 13845:2016 <input type="checkbox"/> ISO 9001:2015 <input type="checkbox"/> ISO 14001:2015 <input type="checkbox"/> Quality Manual <input type="checkbox"/> Other:
Supplier Evaluation Matrix (SEM) / Proposal Comparison and Supplier Selection (PCSS)	R	R (Required when single purchase >\$3,500 or annual purchase >\$5,000)				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Supplier Assessment Questionnaire	R					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Customer Directed/RASIC	R (Required for Customer Directed Supplier)					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
ESG Survey Based on Commodity Code and/or other business needs, should supplier be included in ESG Survey?	R					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	



Supplier Registration Form –Americas

QR Label Requirements (NOT MANDATORY)	Requested Understand Supplier Capabilities					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Intercompany Liability Number			R			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	



Supplier Registration Form –Americas

3) Signatures (Electronic Signatures Preferred. Email approval is acceptable if attached)

① Sourced/Recommended By

(JMD Employee / Job Title or Customer Name):

Signature/Date:

② Applicant's Manager

(Print Name/Job Title):

Signature/Date:

③ Head of SCS

(Print Name/Job Title):

Signature/Date:

① Required when applicant didn't source the supplier or Email from Customer required when Customer Directed Source **②** Applicant's Manager (Note: Logistic supplier to be signed by Logistic Manager) **③** Head of SCS approval required for non Prox payment terms or terms less than 15th 2nd Prox, or if advance payment is required. Exceptions: Employee Benefits Supplier / Sales Rep Commission / Logistic Supplier / Machine Purchase / Construction Project / Governmental Organization. Head of SCS approval also required if bank account beneficiary does not match supplier name.

4) Treasury Only

*Payment Method	<input type="checkbox"/> Electronic <input type="checkbox"/> Wire <input type="checkbox"/> Check <input type="checkbox"/> JE Clearing
Supplier Type	
Pay Group	293 (Select)
Liability Account	
Allow International Payments	(Select)
Remittance Advance Delivery Email	

4) Verify ERP System is Correct

Treasury/Accounting Only			
Treasury/Accounting Name		Date	
Treasury/Accounting Signature			
<input type="checkbox"/> Verified by Screenshot			

Warning!

If you are reading a printed copy of this form, you may not have up-to-date information. Please, refer to [Sharepoint > BU/Function > Supply Chain Service > Americas > SCS-Americas Standard Forms \(Form 2\)](#)