



Supplier Registration Form

ATTENTION: PLEASE COMPLETE ALL FIELDS ON THE FORM, WHEN APPLICABLE!

(V 2.0)

DUE DILIGENCE

IF THIS FIELD IS CHECKED, THE SIGNATURE AND BANK DATA ARE NO LONGER MANDATORY, BUT IT CAN HAVE INFORMATION IF RELEVANT.

Please check here if this supplier is Intercompany (Bayer Group Companies) or if it will only be registered for fiscal bookkeeping purposes and, therefore, without payments, or if it is a supplier who the recipient of the payment, which Bayer has no power to choose, either because it is an obligation due to the law, such as taxes, fees and contributions, or expenses bills issued by public utilities.

Please complete the details with your company's data, taking into consideration that the fields with * are mandatory. Once completed, please send the form with the other supporting documents indicated to your Bayer contact.

GENERAL INFORMATION

| | | | |
|---------------------------------------|----------------|------------------------------|--|
| TAX ID or VAT NUMBER* | | VENDOR TYPE* | |
| | | | |
| LEGAL NAME* | | ACTIVITY TYPE* | |
| | | | |
| ADDRESS* | | COUNTRY* | |
| | | | |
| CITY* | STATE / REGION | ZIP CODE* | |
| | | | |
| PURCHASING ORDER E-MAIL NOTIFICATION* | | PAYMENT E-MAIL NOTIFICATION* | |
| | | | |
| TELEPHONE* | | NAME OF COMMERCIAL CONTACT | |
| | | | |

PAYMENT INFORMATION

| | | | | |
|------------------|-------------------|---------------------|----------------------|--|
| BANK NAME* | | | BRANCH / ABA NUMBER* | |
| | | | | |
| BANK ACCOUNT* | COUNTRY* | ACCOUNT HOLDER NAME | CURRENCY* | |
| | | | | |
| SWIFT / BIC CODE | IBAN (If applies) | | INTERMEDIARY BANK | |
| | | | | |

AUTHORIZATION OF THE SUPPLIER OR RESPONSIBLE PARTIES

Please complete the information below with the information of the legal representative or the person who validates the previous information.

The SUPPLIER voluntarily declares that the resources used for the development of its social purpose and for the provision of its services, as well as its income, do not come from any illicit activity concerned in the criminal legislation in force in the resident country, at an international law level or in any other regulation that modifies or adds it, nor will it be used for financing terrorist activities or activities related to money laundering. Likewise, the SUPPLIER declares that it complies with national and international standards and regulations related to prevention and control of Money Laundering, Drug Trafficking and Financing of Terrorism. Additionally, the SUPPLIER declares that its partners or administrators do not have negative national nor international records in restrictive lists related with Money Laundering and Terrorism Financing risk control that can be consulted by Bayer SA (Brazil), or its subsidiaries (hereinafter BAYER). The SUPPLIER agrees with BAYER S.A. to provide truthful and verifiable information and agrees to update its personal, corporate and/or institutional information (as applicable), whenever there are changes or it is required by BAYER.

The SUPPLIER is aware that Bayer SA - Brazil (hereinafter BAYER) manages the requested personal information for the purposes of communication, improvement of billing service, collection management, verifications, analyzes and queries, and any other activity related to goods and services provided by BAYER, current and future, to comply with contractual obligations and its corporate purpose. Also, the SUPPLIER is aware that BAYER stores its personal information in BAYER databases, which may be outside Brazil and accepts that BAYER may share your data with third parties, subsidiaries of BAYER group and services providers that complies with the purposes previously described. For more details on how we handle personal data, please visit our [Privacy Policy](#).

| | | |
|--|-------|---------------------|
| NAME OF LEGAL/AUTHORIZED REPRESENTATIVE* | DATE* | SUPPLIER SIGNATURE* |
| | | |


EXCLUSIVE USE OF BAYER/ MONSANTO

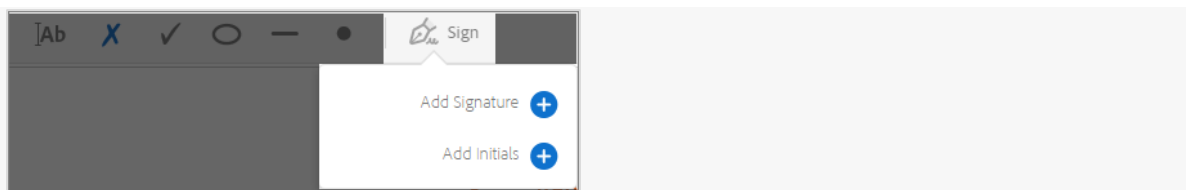
| | | |
|---------------------------|-------|----------------------|
| NAME OF REQUESTER + CWID* | DATE* | REQUESTER SIGNATURE* |
| | | |

THIS DOCUMENT CAN ALSO BE DIGITALLY SIGNED VIA DIGITAL CERTIFICATE, Certificate Authority standards OR Signature Platforms (E.g. DOCUSIGN, etc.) AND IT IS VALID FOR 120 DAYS FROM THE SIGNATURE DATE.


Instructions for completing the form

- **TAX ID or VAT NUMBER:** A tax ID number is generally assigned to every taxable person. A VAT registration number, in turn, is only assigned to companies that have EU wide transactions. For individuals, can be used the NIF, SSN or EIN (Personal Tax ID number). These numbers are the identification number used by the Internal Revenue Service (IRS) or the Social Security Administration (SSA) in the administration of tax laws.
- **LEGAL NAME:** For Legal Entities, it is the name that appears on the formation document of a corporation, LLC, LP or other statutory business entity. For individuals, this is the legal name that appears on a birth certificate.
- **ADDRESS, COUNTRY, CITY, STATE and ZIP CODE:** The same as the business address, where a mail, for example, can be sent.
- **PURCHASING ORDER / PAYMENT E-MAIL NOTIFICATION:** E-mail addresses where the purchasing order and the payment information will be sent. It can be the same e-mail address in both fields, if necessary.
- **TELEPHONE:** Phone number that Bayer can contact the supplier in case of need.
- **NAME OF COMMERCIAL CONTACT:** Name of the person that Bayer will talk to over the phone or e-mail.
- **PAYMENT INFORMATION:** Complete with the bank information that the supplier will receive the payment. **IBAN** stands for International Bank Account Number and is a number attached to all accounts in the EU countries plus Norway, Switzerland, Liechtenstein and Hungary. **BIC** stands for Bank Identifier Code and it identifies the beneficiary's bank. **SWIFT** owns and administers the BIC system. The BIC is the same as the bank's SWIFT address.
- **NAME OF LEGAL/AUTHORIZED REPRESENTATIVE:** Name of who acts on behalf of a legal entity. For individuals, the given name.
- **NAME OF REQUESTER + CWID:** Name of who is requesting the purchase/ service + CWID.
- **DATE:** Should be completed with the date, month and year that this form is being signed. If any change is made after this field was completed, the date must be updated.
- **SUPPLIER SIGNATURE:** Can be either handwritten or digitally signed. In case it is handwritten, print the form and scan it after signing the form. If it is digital, simply click on the field to choose your signature or even follow the steps below:

- 1) Click the **Sign** icon  in the toolbar, and then choose whether you want to add a signature or use one already created, it is displayed as options to choose from (some versions or by smartphone can show itself in a different way):



- 2) After adding your signature, just select it from the Sign options, and then click at the place in the PDF (SUPPLIER SIGNATURE) where you want to add your signature:

| NAME OF LEGAL/AUTHORIZED REPRESENTATIVE* | DATE* | SUPPLIER SIGNATURE* |
|--|------------|--|
| John Doe | 22/07/2021 |  |