

Please complete only the fields that require change in the MJN system. **Supplier Name*** and **MJN Supplier Number/ PO Number*** from MJN are required fields. Please TYPE. **Save** this document to your computer before completing. **Email** completed document and supporting documentation to the address listed below for your region.

Supplier Name*	
Supplier Number*	
(8 characters, begins with 3 or 4)	
PO Number* (if Supplier # unknown)	
SUP	PLIER INFORMATION
The state of the s	nal documentation reflecting the changes requested below ld be included with this form.
Supplier Legal Name	
Street Address	
Post Office Box	
City	
State / Province	
Postal Code (US Zip+4 required)	
Tax ID Number	
CON	NTACT INFORMATION
PO Issuing Email Address	
Accounts Payable Email	
Accounts Receivable Email	
Formal documentation of the complete banking check. It may be in ANY form of legal/valid/acking formats should be	NKING INFORMATION information will be required if payment is by any method other than nowledged document. Documents can be in PDF, Word, Excel or JPG included in the email with this form.
If Payment Method Is By	Check, Please Provide Mailing Information
Street Address or P.O. Box	
City and State/Region	
Postal Code (US Zip+4 required) and Country	
-	Provide Bank Information – Formal Documentation Required
Account Type (Checking / Saving)	
Bank Name	
Bank Address (Number and Street)	
Bank Address (City, Region/State)	
Bank Country	
Bank Branch	
Bank Account	
Bank Key / ABA Routing Number	
Bank Key (Brazil Only)	
Currency	
SWIFT Code (if available)	
SUP	PLIER PORTAL ACCESS
We are an existing Portal Supplier	We are requesting to be a new Portal Supplier
Primary User	
Primary User Full Name	
Email Address	
Phone Number	
Supplier Portal Role* (select one)	

Full Name Email Address Phone Number Supplier Portal Role* (select one) Additional User #2 Full Name Email Address Phone Number Supplier Portal Role* (select one)	Add User Add User	Change User Change User	Remove User Remove User	
Email Address Phone Number Supplier Portal Role* (select one) Additional User #2 Full Name Email Address Phone Number Supplier Portal Role* (select one) Additional User #3 Additional User #3 Full Name			Remove User	
Phone Number Supplier Portal Role* (select one) Additional User #2 Full Name Email Address Phone Number Supplier Portal Role* (select one) Additional User #3 Full Name			Remove User	
Supplier Portal Role* (select one) Additional User #2 Full Name Email Address Phone Number Supplier Portal Role* (select one) Additional User #3 Full Name			Remove User	
(select one) Additional User #2 Full Name Email Address Phone Number Supplier Portal Role* (select one) Additional User #3 Full Name			Remove User	
Additional User #2 Full Name Email Address Phone Number Supplier Portal Role* (select one) Additional User #3 Full Name			Remove User	
Full Name Email Address Phone Number Supplier Portal Role* (select one) Additional User #3 Full Name			Remove User	
Email Address Phone Number Supplier Portal Role* (select one) Additional User #3 Full Name	ld User			
Phone Number Supplier Portal Role* (select one) Additional User #3 Full Name	ld User			
Supplier Portal Role* (select one) Additional User #3 Full Name	ld User			
(select one) Additional User #3 Full Name	ld User			
Additional User #3 Ad Full Name	ld User			
Full Name	ia User		Damasus Hann	
		Change User	Remove User	
Email Address				
Phone Number				
Supplier Portal Role*				
(select one)		Counties Postal Pala Pafficial as		
	1	Supplier Portal Role Definitions Receive Purchase Orders		
Purchase Order Collaboration Manager Perform Confirm Perform		Perform PO response/acknowledgement		
		Confirm completion of service		
		Perform invoice and credit memo entry		
	!	Search for and download PO's, invoices, co	onfirmations, and goods receipts	
Accounts Receivable Manager	,	View invoice and payment status		
INFORM <i>E</i>	ATION BELO	W TO BE COMPLETED ONLY BY MJN	EMPLOYEE	
_		Purchasing Organization	Company Code	
Extensions				
		Purchasing Organization	Company Code	
Block / Delete		3 0 111	, , , , , , , , , , , , , , , , , , , ,	
		Purchasing Organization	Company Code	
Unblock / Undelete				
Additional Notes:				

Please email this form and supporting documentation to one of the following email addresses:

North America: <u>mjnscmna@mjn.com</u> Europe: mjnscmeu@mjn.com Latin America: mjnscmla@mjn.com Asia: mjnscmap@mjn.com

Please direct any questions to the Customer Assistance Center (CAC). The telephone numbers for the Service Desks are:

North America

US, Canada and Puerto Rico: 1-888-339-9491

Latin America

Argentina: 0800-222-0611 Brazil: 0800-892-3003 Colombia: 01800-954-7505 Dominican Republic: 1800-751-

3460

Ecuador: 1800-102-045

Peru: 0800-54-664 Venezuela: 0800-100-5645

Mexico: 001-877-606-10-43

Europe

Belgium: 888-339-9491 Netherlands: 0800-023-0966 France: 0800-90-5801 Spain: 900-995-477 Portugal: 800-854-007 Poland: 00-800-111-1918 Great Britain: 0808-234-9755

Italy: 800-789745 Sweden: 020-79-6020 Denmark: 80-887423 Norway: 800-10463 Ireland: 1-800-55-138

Philippines: 1-800-11110596 Australia: 1-800-919-498 China: 4001726982 Hong Kong: 1-800-905-528 India: 000-800-100-1431 Indonesia: 001-803-60-1929 Malaysia: 1-800-81-5523 Singapore: 800-110-1824 Taiwan: 00801601355 Thailand: 1-800-060-110 Vietnam: 120-60111