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# Vendor card

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| **Legal entity name** |  |
| **Legal address (address of incorporation)** |  |
| **VAT Identification Number (if applicable for your legal entity)** |  |
| **Main e-mail address\*** |  |
| **Additional e-mail address\*** |  |
| **Telephone number** |  |
| **Key point of contact** |  |
| **Beneficiary bank name** |  |
| **Beneficiary bank address** |  |
| **SWIFT (and routing number if applicable)** |  |
| **IBAN/account number** |  |
| **General Manager’s full name** |  |

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(Signature)\*\* (Signatory name) (Signatory position)

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\*To ensure business continuity with Sanofi, we strongly recommend providing two addresses of e-mail, main one - for financial information exchange, and additional one in – to change the main address if needed.

\*\*This vendor card should be signed by general manager or Head accountant or any other person with power of attorney provided.