



Vendor Master Application/ Maintenance Form  
供应商開戶维护表

Company 公司名称	UBS	Location 地区		Existing Vendor Number 供应商号	
Applicant 申请人姓名	袁莉莎	Staff No. 员工号		Department 所属部门	
<input type="checkbox"/> New Vendor 新增供应商		<input type="checkbox"/> Reactive Vendor 反禁用Vendor		<input type="checkbox"/> Deactive Vendor 禁用供应商	
				<input type="checkbox"/> 更新供应商 Update Vendor	

Vendor Name: (English)				供应商名称: (中文)	沈欢欢		
Vendor Address: (English)				供应商地址: (中文)			
Tax No.(税务登记证号)	330425199004166427						
Vendor Finance Contact 供应商联系人		Tel. No. 电话:	15068875165	Fax No. 传真		Email	
Vendor General Contact 供应商联系人		Tel. No. 电话:		Fax No. 传真		Email	
Supplier Type 供应商类型 (请根据下拉菜单选项选择)	一级分类	制作	二级分类	创意	其他:		
Supplier Validity 供应商有效期	<input type="radio"/> 次性供应商 <input checked="" type="radio"/> 定期合作供应商						
Payment Term 付款期限	<input checked="" type="radio"/> 3 days. 30天 <input checked="" type="radio"/> days. 60天 <input checked="" type="radio"/> 9 days. 90天 <input type="radio"/> 其他, 请注明						
Vendor Type 供应商纳税类型	<input type="checkbox"/> 一般增值税纳税人 <input type="checkbox"/> 小规模增值税纳税人 <input type="checkbox"/> 营业税纳税人 <input type="checkbox"/> Others, Specify 其它, 註明						
Bank Account Information 供应商银行资料	Account Name 开户名称	沈欢欢					
	Account Number 银行帐号	6222031001012828112					
	Bank Name 开户银行	中国工商银行上海南汇周浦支行					
	SWIFT CODE 环球银行金融电讯网络协会系统代码						
Supplier rung and verbally confirmed to have requested bank account details change 供应商已口头确认要求更改银行信息			日期				
Bank Address Matched Company Location 银行所在地与公司所在地匹配			<input type="checkbox"/> Yes <input type="checkbox"/> No	If not has supplier confirmed the change 如供应商没有确认银行信息变更 <input type="checkbox"/> Yes <input type="checkbox"/> No			
Checked and Confirmed by: 检查和确认人:			Agency:	Supplier			

Check List

☐Supporting Document

Supplier setup form sent with incomplete backup documents will not be processed and sent back to the agency requestor.  
Please refer to the following for the supporting documents required:  
如提交的Supporting不足, 申请将被退回, 供应商新增必须提交以下文件:

Bank statement or Bank book  
- 开户许可证或银行出具的帐号证明  
Business registration,Organization code certificate, Tax registration certificate.(If "three certificates in one", please provide the new business license)  
- 三证 (营业执照, 税务登记证, 组织机构代码证。如三证已合一, 提供合一后的营业执照)

(境外公司只需要提供Business Registration, 个人供应商需提供ID Copy)

Supplier Type MUST be fill in application when you submit the new vendor creation from  
新增供应商必须填写供应商类型

New Supplier approved. I declare that as far as I know, no shareholder or director of the supplier has a relationship with any employee of the Publicis Groupe in Hong Kong. (If facts are to the contrary, please detail

Applicant 申请人	Department Head 部门主管	Finance Department 财务部门审核	Finance Department Head 财务负责人
Lisa			
签名Signature	签名Signature	签名Signature	签名Signature
姓名Name	姓名Name	姓名Name	姓名Name
日期Date	日期Date	日期Date	日期Date