

INTERNAL



ALTA DE PROVEEDORES IM&S / SUPPLIER REGISTRATION IM&S

Solicitud de documentos / *Request of documents*

Proveedor Nacional / *Foreign Supplier*

Checklist de documentos / *Document Checklist*

Buen día, con el fin de registrar a su empresa como proveedor de ABB, favor de proporcionar la siguiente documentación, en PDF y legible (instrucciones en español proveedor nacional)/ *In order to register your company as a supplier of ABB please provide the following documents, in PDF and legible (English instructions for foreign supplier)*

Tipo de documento / Type of document	Descripción / Description
Identificación fiscal / Fiscal Identification	1. Constancia de situación fiscal / <i>Document with company name, fiscal address and VAT ID (Example: Format W9 or W8)</i>
Datos bancarios / Banking data	2. Estado de cuenta (o carta emitida por el banco) / <i>Bank statement (or Letter emitted by the bank).</i> 3. EFT (también conocida como Carta Instrucción de Pago): Carta firmada y membretada por la empresa que contiene sus datos bancarios / <i>EFT: Letter signed and letterhead by the company that should contain bank details.</i>
Requerimiento fiscal / Fiscal requirement	4. Foreign Payee Declaration lleno y firmado de acuerdo a instrucciones de este manual/ <i>Foreign Payee Declaration (Non-USA suppliers should fill it and sign it according to instructions in this manual) and Certificate of Fiscal Residence</i>
Control interno y legal / Internal and legal control	5. Data Privacy firmado por el representante legal / <i>Data Privacy signed by legal representant</i> 6. Código de conducta firmado por el representante legal / <i>Code of conduct signed by legal representant</i>
Información general / General Information	7. Formato Excel: Información Alta de Proveedores IM&S lleno y firmado / <i>Excel Format Information Supplier Registration IM&S filled and signed</i>
Contactos / Contacts	8. Correo electrónico, tel y contacto actual / <i>Email, phone number and current contact</i>

Llenar este documento sólo si será proveedor para las plantas de ELIS / *Fill this document only if you Will be supplier for ELIS plants*

* Ver los siguientes slides para mas detalles / *See following slides for more details*

1. Constancia de situación fiscal / *Format W8 or W9*

Ejemplo resaltando campos mandatorios / *Example remarking mandatory fields*

gob.mx

CEDULA DE IDENTIFICACION FISCAL

SHCP SECRETARÍA DE HACIENDA Y CREDITO PÚBLICO
SAT Servicio de Administración Tributaria

ATE150206S27
Registro Federal de Contribuyentes

ABB TECNOLOGIAS
Nombre, denominación o razón social

idCIF: 15020719897
VALIDA TU INFORMACIÓN FISCAL

CONSTANCIA DE SITUACIÓN FISCAL

Lugar y Fecha de Emisión
SAN LUIS POTOSI, SAN LUIS POTOSI A 02 DE OCTUBRE DE 2017

RFC: ATE150206S27

Datos de Identificación del Contribuyente:

RFC:	ATE150206S27
Denominación/Razón Social:	ABB TECNOLOGIAS
Régimen Capital:	SOCIEDAD ANONIMA DE CAPITAL VARIABLE
Nombre Comercial:	ABB TECNOLOGIAS S.A. DE C.V.
Fecha inicio de operaciones:	06 DE FEBRERO DE 2015
Estatus en el padrón:	ACTIVO
Fecha de último cambio de estado:	06 DE FEBRERO DE 2015

Datos de Ubicación:

Código Postal: 78395	Tipo de Vialidad: AVENIDA (AV.)
Nombre de Vialidad: AVENIDA CENTRAL	Número Exterior: 405
Número Interior: SIN NUMERO	Nombre de la Colonia: PARQUE LOGISTICO

RFC

Razón social

Dirección fiscal completa

Form **W-9**
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
 Individual/sole proprietor
 C Corporation
 S Corp
 Limited liability company. Enter the tax classification (C=C corporation; S=S corporation; Partnership)
 Other (see instructions)

Exempt payee

Address (number, street, and apt. or suite no.)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have an EIN, see how to get a TIN on page 3.

Note: If the account is in more than one name, see the instructions on whose number to enter.

Social security number

Employer identification number

Company name

Complete fiscal address

VAT ID

2. Estado de cuenta / *Bank statement*

Ejemplo con campos mandatorios / *Example with mandatory fields*

BANCO ESTADO DE CUENTA / ENLACE NEGOCIOS BASICA

Nombre del banco

Razón social del proveedor

Fecha reciente (No mayor a dos meses de antigüedad)

Tipo de moneda

INFORMACIÓN DEL PERIODO

Periodo Del 01/Junio/2019 al 30/Junio/2019

Fecha de corte 30/Junio/2019

Moneda PESOS

SUCURSAL: 0054 SANTA ISABEL
TIPO DE ENVÍO: SIDEL



NO. DE CLIENTE:
RFC:

DATOS DE SUCURSAL:
PLAZA: 9850 PLAZA NUEVO LEON
DIRECCIÓN: MADERO PONIENTE 1950 CENTRO
TELÉFONO: 3473053

RESUMEN INTEGRAL

Producto	No. de Cuenta	CLABE
ENLACE NEGOCIOS BASICA		
INVERSION ENLACE NEGOCIOS		
TOTAL		

CLABE de 18 dígitos

*****En caso de proporcionar carta bancaria, esta debe contener los mismos elementos que el estado de cuenta, así mismo debe ir firmada y sellada por el banco. / *If you provide a Bank letter It should contain the same elements as bank statement, also must be signed by the bank***

Bank name BANK

Company

Tel:

Statement of Account

Branch No. Account No.

Account Type BUSINESS CHEQUING ACCOUNT - CAD UNLIMITED

Statement From - To OCT 31/19 - NOV 29/19

Page 1 of 5

DESCRIPTION	CHEQUE/DEBIT	DEPOSIT/CREDIT	DATE	No.	Amount
-Account -Swift Code -ABA Routing number -IBAN (European Countries)					
CHQS ENCLOSED NEXT STATEMENT DATE IS DEC 31/19					
MONTHLY AVER. CR. BAL.				Credits	6
MONTHLY MIN. BAL.					
DEP. CONTENT- CASH ITEMS UNC BATCH				Debits	25
TD BUSINESS LINE OF CREDIT LIMIT:					

Date should be recent (No more than two months old)

Please ensure that you report in writing any errors or irregularities found within this statement within 30 days of the statement date. If you do not, the statement of account shall be conclusively deemed correct except for any amount credited to the account in error.

Accounts issued by: THE CANADA TRUST COMPANY

3. EFT

Detalle de los campos mandatorios/ *Detail of the mandatory fields*

Dear Supplier,

In effort to have an efficient and effective process to insure timely processing of your invoice payment, please comply to the request below.

We require below mention banking information to be submitted on Supplier Letterhead in a non-editable format for example a PDF format, JPG format etc.

Supplier name:

Bank name:

CLABE Bank account number:

National bank code:

Bic (Swift code):

Bank account currency:

IBAN (European countries)

If an intermediary bank is applicable:

Intermediary Bank name:

Intermediary Bank Bic (Swift code):

Intermediary Bank Currency:

This document must be letterhead (letterhead with your company name NOT commercial name, signed and dated by the company. (Please write in English)

4. Foreign Payee Declaration and Certificate of fiscal residence

Ejemplo resaltando campos mandatorios/ *Example remarking mandatory fields*

NON-US TAX Declaration
(To be completed by the Supplier)

Company Name (name of contracting party/vendor)

hereby certifies the following with regard to its contractual relationship with ABB or its affiliates:

1. Yes or No All payments received are solely for the sales of tangible goods to ABB or its affiliates, and contain no element for services provided to ABB or its affiliates in the US.

2. Yes or No No services are being rendered by Yes or No (name of contracting party/vendor) in the United States for ABB or its affiliates.

3. Yes or No Payments made to **Company Name** (name of contracting party/vendor name) by ABB or its affiliates are solely for the sale of services rendered by **Company Name** (name of contracting party/vendor name) for the ABB or its affiliates. However, **Company Name** (name of contracting party/vendor name), certifies that none of these services rendered are performed in the United States.

4. Yes or No Payments made to **Company Name** (name of contracting party/vendor name) by ABB or its affiliates are solely for the sale of transportation rendered by **Company Name** (name of contracting party/vendor name) for the ABB or its affiliates. However, **Company Name** (name of contracting party/vendor name), certifies that the transportation services do not begin or

Declaración de impuestos para empresas fuera de EEUU
(a rellenar por el proveedor)

Razón social (Proveedor/Contratista) por la presente certifica lo siguiente con respecto a su relación contractual con ABB o cualquiera de sus afiliadas:

1. Si o No Que todos los pagos recibidos están únicamente dedicados a la venta de bienes tangibles a ABB o cualquiera de sus afiliadas, y no contienen servicios realizados a ABB o cualquiera de sus afiliadas.

2. Si o No Que ningún servicio está siendo prestado por (Proveedor / Contratista) en Estados Unidos para ABB o cualquiera de sus afiliadas.

3. Si o No Que los pagos efectuados a **Razón social** (Proveedor / Contratista) por parte de ABB o cualquiera de sus afiliadas están exclusivamente dedicados a la venta de servicios por parte de **Razón social** (Proveedor / Contratista) a ABB o cualquiera de sus afiliadas. Sin embargo, **Razón social** (Proveedor / Contratista) certifica que ninguno de estos servicios son prestados en Estados Unidos.

4. Si o No Los pagos realizados a **Razón social** (Proveedor/Contratista) por ABB o cualquiera de sus

Point 4 is only for suppliers that provide services

El punto 4 es sólo para proveedores que prestan servicios

Supplier Legal Entity Name/Contracting Party/Vendor
(Nombre legal de la entidad de Proveedor / Contratista)

Supplier Trade Name or "Doing Business as Name"
(Nombre comercial o nombre con el que presta el servicio)

Suppliers Physical Address: Street Number, Street, City
(Dirección completa del proveedor: Calle, Número, Código Postal, Ciudad, Nación)

Supplier VAT tax ID Or Equivalent
(Número de VAT o Documento equivalente de impuestos)

(Name / Nombre)

(Title / Cargo)

(Signature / Firma)

(Date / Fecha)

Es importante llenar todos los campos de esta sección así como proveer firma y fecha (VAT ID se refiere al RFC) / Is important to fill all the fields in this sections as well as provide the sign and date

VERO SKATT
Finnish Tax Administration

Certificate 1 (1)

08.05.2018
Document number

Certificate of fiscal residence

Taxpayer: _____

The Finnish Tax Administration hereby certifies that, to the best of its knowledge, _____ is a resident of Finland within the meaning of the Double Taxation Convention between Finland and Mexico.

This certificate is for the tax year 2018.

Senior Tax Clerk
Tel. _____ (standard call rates)

Applied legal norms:
§ 9, § 20, Finnish Income Tax Act
Article 4, Double Taxation Convention between Finland and Mexico

Example of Certificate of Fiscal Residence

tax.fi

5. Data Privacy - 6. Código de conducta / Code of conduct

Ejemplo resaltando campos mandatorios / Example remarking mandatory fields



LIMIT THE USE OR DISCLOSURE OF DATA

The personal data provided to ABB, will be preserved and managed in plenty compliance of "The Law" and, as such we will commit to safeguard such information under the principles of loyalty and responsibility. The information obtained is protected by appropriate physical, technological and administrative rules attached to safeguard the personal data in terms of the provisions in "The Law"

DATA TRANSFER

Please note that your personal data can be transferred and treated within and outside Mexico, in order to carry out some of the services or activities described in this letter. ABB agrees to sign a confidentiality agreement which ensures full compliance with the provisions of "The Law" that allows the transfer of data. This letter constitutes the entire consent to transfer the personal data, unless expressly stated their opposition.

"ARCO" RIGHTS

It is important to inform you that at any time you can exercise your right(s) to access, rectify, oppose and/or cancel (delete) your info in the appropriate form which can be obtained upon request. For more information, please contact our legal department via email address: luis.flores@mx.abb.com. Once your request is received, a representative of ABB will contact you to confirm your action(s).

Firma y nombre del representante legal / Signature and name of legal representant

ABB México, S.A. de C.V.

Name of the company

Authorized Person

Authorized Person

ABB México, S.A. de C.V.

Paseo de las Américas No. 31
Lomas Verdes 3ra. Sección
53125 Naucalpan, Edo. de México

Av. Central No. 310
Parque Industrial Logístico
78365 San Luis Potosí, S.L.P.

Teléfono/Phone:
+ 52 (5) 380 19500
+ 52 (444) 870 7500



As reflected in the ABB Code of Conduct, ABB is committed to high standards of integrity and sustainability. ABB has a 'zero tolerance' policy when it comes to unethical business behavior, such as bribery, corruption and forced labor. We expect all of our suppliers to adhere to similar standards and to conduct their business ethically.

As a supplier, you must comply with all applicable laws and regulations, the requirements set out in this ABB Supplier Code of Conduct and your contractual obligations to us.

This ABB Supplier Code of Conduct defines the main principles underlying your business activities as one of our suppliers. More specific guidance, including information on hazardous substances and conflict minerals and where to go for questions, is available on www.abb.com/supplying or www.abb.com/integrity.

A. Human rights

- As a supplier to ABB, you shall
- Respect the personal dignity, privacy and rights of each individual;
 - Refuse to make any person work against his or her will; and
 - Prohibit behavior including gestures, language and physical contact, that is sexual, coercive, threatening, abusive or exploitative.

B. Fair labor conditions

- You shall ensure fair labor conditions. In particular, you will
- Refrain from employment discrimination based on gender, age, ethnicity, nationality, religion, disability, union membership, political affiliation or sexual orientation;
 - Respect the rights of employees to freely associate and bargain collectively;
 - Not tolerate or use child labor in any stage of your activities other than in accordance with all applicable laws and regulations;
 - Not use any forced labor, including but not limited to involuntary prison labor, victims of slavery and human trafficking and allow all employees the choice to leave their employment freely upon reasonable notice;
 - Compensate employees fairly and follow local laws. If such requirements do not exist, compensate employees so that these do not exist, compensate employees so at least one of the following conditions is met:
 - Ensure that working hours, including overtime, do not exceed the legal requirements, if such requirements do not exist, we recommend that you follow the following requirements, including overtime; and
 - Ensure that employees are allowed at least one day of rest per week.

Firma y nombre del representante legal en cada pie de pág. / Signature and name of legal representant in each footer page

Power and productivity
for a better world™ **ABB**

7. Formato Excel: Información Alta de Proveedores IM&S / *Excel Format Information Supplier Registration IM&S*

Detalles del formato / *Details of format*



PROCUREMENT
ALTA DE PROVEEDORES IM&S

DATOS GENERALES			
Lugar		Fecha	
Razón social:			
Nombre Comercial			
Domicilio:			
Ciudad:	Estado		C.P
Teléfono:	correo		
Página Web:			
Tiempo de establecida:		R.F.C.	
Inmueble:	Propio		Rentado
No. De empleados:			
Nombre del representante legal:			
Nombre Gerente de Ventas			
Nombre Asesor de Ventas			
Teléfono	correo		
Nombre contacto administrativo			
Teléfono	correo		
Nombre contacto cuentas por cobrar			
Teléfono			
Forma de pago	TRANSFERENCIA		
Actividad Empresarial			
Giro		Fundación de la Empresa	
REFERENCIAS CLIENTES			
Nombre o razón social			
Domicilio			
Ciudad	Estado		
Teléfono	C.P		
Tiempo de operar con ustedes			
Persona que otorgue referencias			
Nombre o razón social			
Domicilio			
Ciudad	Estado		
Teléfono	C.P		
Tiempo de operar con ustedes			
Persona que otorgue referencias			

Llenar todos los campos requeridos y firmar

PROCUREMENT
SUPPLIER REGISTRATION IM&S

GENERAL DATA			
Place		Date	
Company Name:			
Commercial Name			
Address:			
City:	State		Postal Code
Phone:	e-mail		
Web Page:			
Time of established:		VAT ID	
Building:	Owner		Rented
Quantity of employees:			
Legal Representative:			
Sales Manager			
Sales executive			
Phone	e-mail		
Administrative contact			
Phone	e-mail		
Account receivable contact			
Phone			
Payment form	TRANSFER		
Business Activity			
		Business Foundation Year	
CUSTOMER REFERENCES			
Company or comercial name			
Address			
City		State	
Phone		Postal Code	
Time to operate with you			
Person that gives references			
Company or comercial name			
Address			
City		State	
Phone		Postal Code	
Time to operate with you			
Person that gives references			

Fill all required fields and sign



Siguientes pasos / *Next steps*

Control interno: Durante el proceso de alta recibirá la llamada / e-mail por parte del departamento de Master Data o Tesorería en el que se le solicitará la confirmación de sus datos bancarios.

En cuanto el alta de su empresa este concluida se le informará lo siguiente:

- Número de vendor en SAP
- Instrucciones para el pago de sus facturas

NOTA: ABB México y las Unidades de Negocios filiales “ELIS” tienen diferentes procesos de registro de facturas por lo cual recibirá instrucciones de acuerdo a las unidades de negocio donde sea registrada su empresa.

***Internal Control:** During the registration process you will receive a call / email from Master Data or Treasury department in which you will be asked to confirm your bank account.*

Once your company registration is completed you will be informed about:

- *Vendor number in SAP*
- *Payment instructions*
-

***NOTE:** ABB México and the affiliated Business Units “ELIS” have different invoice registration processes, therefore follow instructions according to the business units where your company is registered.*

ABB