

## Supplier Data Collection Form - Foreign Based Entities and Individuals

This form must be completed to request a registration or profile update of a foreign based supplier in the University's database. Per IRS regulations, the University of Delaware is required to obtain this information from all individuals and entities receiving payment from the University.

### Instructions for Suppliers:

- Please complete all data collection fields on this form, as applicable.
- This form must be submitted to the UD department contact with whom you are conducting business, with a completed and signed U.S. IRS W-8 form (even if claiming tax exemption).
  - W-8BEN for Individuals
  - W-8BEN-E for Registered Businesses or Corporate Entities
    - W-8 forms and related instructions are available on the IRS website: [www.irs.gov](http://www.irs.gov).
    - Please contact the IRS or a tax professional if you require assistance with completing the W-8 form.
    - University employees cannot help you complete these forms.
- **Do not complete this data collection form or an IRS W-8 form if you are a U.S. Citizen or Resident Alien individual or entity.**
  - U.S. based suppliers must complete the University's online [Substitute W-9 form](#).
  - IRS W-9 forms are not accepted for domestic supplier setup in lieu of the substitute form.

### Instructions for UD departments:

- UD employees or affiliates are not permitted to assist or complete tax or supplier data collection forms on behalf of a supplier.
- Once the supplier has completed this form and the W-8, the engaging UD department should submit both forms to [procurement@udel.edu](mailto:procurement@udel.edu) along with a detailed business justification for the anticipated transaction or payment. Please include any contracts, quotes, or other relevant documentation.
- The University of Delaware does not accept unsolicited requests for supplier registration and will not register suppliers who submit their own information.
- Please allow a minimum of 10-15 business days for processing before submitting related inquiries. We do not review forms prior to processing, which occurs in the order received. Although we onboard suppliers as quickly as possible, processing time may be extended based on staff availability and other factors. We appreciate your patience.
- **IMPORTANT:** If you are arranging payment to a Non-U.S. Citizen/Non-Resident Alien individual providing services in the U.S. while on an immigration visa (including students), **you must first contact UD International Student & Scholar Services to complete the validation process to ensure that the individual is legally eligible to receive such payment.** This is the responsibility of the engaging department, and Procurement Services will assume that this has been completed if we receive a request for supplier registration and payment.

## Supplier Data Collection

**Please complete all applicable fields.** Falsification of information is subject to criminal prosecution or fine and may permanently prevent future business engagement with the University of Delaware. Incorrect or incomplete forms will delay processing.

**Full Legal Name of individual or entity:** \_\_\_\_\_  
**Registered DBA or trade name if applicable:** \_\_\_\_\_

**Tax structure:**

- Foreign individual  
 Foreign based Corporate Entity or Business

**9-digit U.S. Taxpayer Identification Number (TIN):** \_\_\_\_\_  
(You **must** provide your U.S. SSN or EIN (TIN) if one has been assigned to you or your company.)

**Permanent address, or address where correspondence or purchase orders should be sent:**

**Street:** \_\_\_\_\_  
**City:** \_\_\_\_\_  
**State or Province:** \_\_\_\_\_  
**Mail Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_  
**Phone Number, including country code:** \_\_\_\_\_  
**Email address:** \_\_\_\_\_

**Remittance address, or address where payment should be sent, if different than above:**

**Street:** \_\_\_\_\_  
**City:** \_\_\_\_\_  
**State or Province:** \_\_\_\_\_  
**Mail Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_  
**Phone Number, including country code:** \_\_\_\_\_  
**Email address:** \_\_\_\_\_

**Name of UD contact with whom you are conducting business:** \_\_\_\_\_  
**Contact's Department:** \_\_\_\_\_  
**Contact's Email Address:** \_\_\_\_\_  
**Contact's Phone Number:** \_\_\_\_\_

**Please indicate which payment methods you accept:**

- Check payment (*all payments are made in U.S. funds*)  
 Wire payment (*complete banking information on next page*)

**Important**

By default, all suppliers and individuals are set up to receive payment by physical check mailed to the above remittance address. If you would like to be paid by wire transfer, please complete all banking information on the following page. While every effort will be made, we may not be able to process wire payments for accounts in countries that do not use the IBAN standard, in which case payment will be made by check in U.S. funds. We cannot make payment to a third-party or an account that is not owned by the individual or entity, nor donate to a third-party in lieu of payment for services or goods. If you cannot accept our payment methods, the University of Delaware will not be able to conduct business with you.

## Banking Information

### Information pertaining to supplier's bank account:

Beneficiary<sup>(1)</sup> Account Holder Legal Name: \_\_\_\_\_

**Beneficiary Address<sup>(2)</sup>:**

Street: \_\_\_\_\_

City: \_\_\_\_\_

State or Province: \_\_\_\_\_

Mail Code: \_\_\_\_\_

Country: \_\_\_\_\_

### Information pertaining to supplier's banking institution:

Full Bank Name: \_\_\_\_\_

Country: \_\_\_\_\_

**If US based bank:**

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

**If non-US based bank:**

SWIFT ID/Code: \_\_\_\_\_

Beneficiary Bank Account Number:

IBAN format (if applicable): \_\_\_\_\_

Other format: \_\_\_\_\_

Intermediary Bank<sup>(3)</sup>, if applicable: \_\_\_\_\_

Intermediary Bank SWIFT ID/Code: \_\_\_\_\_

Reference/detail to be included with wire payment: \_\_\_\_\_

The banking information submitted on this form may be subject to further verification to mitigate fraud. If unsuccessful, payment will be made in the form of a check issued in U.S. dollars mailed to the remittance address on file for the supplier.

**Definitions:**

(1) **Beneficiary** – the supplier to whom the payment is to be made. The supplier requesting the payment needs to be added as a 'beneficiary' in the University of Delaware's payment portal and the associated bank account details provided to transfer the requested funds. These account details include the name of the beneficiary account holder (supplier name connected to the bank account), account number, and supplier's address on file with the bank.

(2) **Address** – this should match the supplier's address on the beneficiary's monthly bank statement. It is the personal or business address the beneficiary has on record with the bank.

(3) **Intermediary Bank** – The bank that funds flow through to reach the intended recipient. An intermediary bank is used when the currency being sent is different than that of the local currency in the destination country. Intermediary banks are often used when the originating bank does not have a direct relationship with receiving bank.

**Please complete the following conflict of interest and compliance related questions:**

Are you currently a student at the University of Delaware?

Yes No

Are you currently an employee of the University of Delaware?

Yes No

Are any of your company's principals or their immediate family members employed by the University?

Yes No

Have you or your business entity ever been involved in Federal debarment proceedings, or identified as being subject to economic and trade sanctions based on U.S. foreign policy and national security goals against targeted foreign countries and regimes, terrorists, international narcotics traffickers, those engaged in activities related to the proliferation of weapons of mass destruction, and other threats to the national security, foreign policy, or economy of the United States?

Yes No

**Certification:**

**By checking this box, I am certifying, under penalty of perjury, that the information provided on this form is accurate, and that I have the capacity to sign as an authorized agent for the entity indicated above.**

**Full legal name of person completing form:** \_\_\_\_\_

**Title or Position:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(electronic signatures are not valid)*

**Email address:** \_\_\_\_\_