



Supplier Onboarding Through Oracle Cloud Training Material

Supplier Registration Link

- Once qualified that you don't have an existing record in our database, registration link will be sent to the email address you identified to accomplish the supplier registration form.
- Few notes are indicated for you to follow to avoid delays on the supplier onboarding process.
- It will look like below where you can click the link to proceed.

Email Subject: onsemi Supplier Registration Initiated for Request# NR-XXXX

Hi Supplier,

You are invited to register as a new supplier through our Procurement System. As a requirement of our Company, please complete the registration through our portal and provide deliverables accomplished & acknowledged.

Here is the link to complete the form: [New Supplier Cloud Registration Form](#)

Take note of the following:

- Please enter your registration details in English language & upper case.
- onsemi standard payment term is 60 net, the minimum corporate term applicable for all suppliers.
- Please ensure that entered details are correct, any discrepancies will delay the onboarding process.
- Please enter your registration details with onsemi contact as Yee, Calvin (E-Mail: ffy8nv@onsemi.com)

Feel free to reach out to RSDBA Philippines (RSDBA.Philippines@onsemi.com) if you need further assistance.



Thank you and we are looking forward to potentially working with you.



You may refer on this link and it will re-direct you to the Training Materials of Cloud Registration. [Supplier Onboarding Training Material](#)

This is an automatically generated email. Please do not reply to it.

Supplier Registration form

- Landing Page: Below screen will show after you click the registration link.
- Registration link contains 6 parts  which need to be filled-out prior clicking **Register** button.

[User Guides](#)

[Sign In](#)

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Company DetailsContactsAddressesBusiness ClassificationQuestionnaireReview

Goals and Performance 

Enter a value for at least one of these fields: D-U-N-S Number, Taxpayer ID, or Tax Registration Number.

* Full Legal Company Name

* Tax Organization Type

* Goods or Services

Corporate Web Site

D-U-N-S Number

* Tax Country

Taxpayer ID

Tax Registration Number

BackNextSave for LaterRegisterCancel

Additional Information

Alternate Company Name or D.B.A

* Parent Company Name (if N/A, pls put your company name instead)

* onsemi Contact

VAT Code

* Payment Terms

60 Net

Additional Comments

Your Contact Information

Enter the contact information for communications regarding this registration.

* First Name

* Last Name

* Email

* Confirm Email


i

All information should be entered in English Language and in **ALL CAPITAL LETTERS** in the Oracle cloud.

All marked as asterisk "*" will require value on the field and will restrict you from submitting if left blank.

3

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Supplier Registration form

Company Details

Fill out numbers 1-8, Those with “*” are required field and the system will restrict you going to the next section if required fields are left blank.

onsemi

MAPS

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Cancel

Enter a value for at least one of these fields: D-U-N-S Number, Taxpayer ID, or Tax Registration Number.

CORP MEDICAL AND HEALTH Corporation

Corporation Legal

Educational Institute

Foreign Corporation

Foreign Government Agency

Foreign Individual

Foreign Partnership

Foreign Trust Or Estate

Government Agency

Individual

Non Profit Organization

Partnership

TRUST OR ESTATE

Trust Or Estate

1

2

3

4

Full Legal Company Name

Tax Organization Type

* Goods or Services

Corporate Web Site

Services Supplier

Tax Authority

CHARITY

Goods Supplier

BOARD_MEMBER

5

6

7

8

D-U-N-S Number

* Tax Country

Taxpayer ID

Tax Registration Number

FIELD NAME	DESCRIPTION/ACTION
*Full Legal Company Name	Character is limited to 50. In case supplier name exceeds to 50 character, you may utilize the 'Alternate company name' field.
*Tax Organization Type	Select the correct TAX code from the dropdown icon.
*Goods or Services	Enter your correct supplier type (Goods or Services) If both is being offered, you may select 'Goods'
Corporate Web Site	Enter the Corporate Web Site if available
D-U-N-S Number	DUNS number is mandatory for US supplier. Please indicate your DUNS.
*TAX country	Select the correct TAX country from the dropdown icon.
Taxpayer ID/Withholding Tax	Enter the Taxpayer ID. May or may not be required based on the Tax Country Value. If prompted with error, even if the Taxpayer ID is not required, enter your company name instead.
Tax Registration Number	Enter the Tax registration Number. May or may not be required based on the Tax Country Value

Supplier Registration form

Company Details

Fill out numbers 9-14. Those with “*” are required field and the system will restrict you going to the next section if required fields are left blank



Additional Information

9

Alternate Company Name or D.B.A

10

* Parent Company Name (if N/A, pls put your company name instead)

11

* onsemi Contact

A Team - Gatekeeper

12


VAT Code

13

* Payment Terms

14

Additional Comments

 for onsemi contact field, enter the **Onsemi Contact indicated in the email notification**

Search

Advanced

Match

All

Any

Value

RSDBA

Description

Search

Reset

Value	Description
RSDBA Team - Gatekeeper	RSDBA-All@onsemi.onmicrosoft.com

OK

Cancel

FIELD NAME	DESCRIPTION/ACTION
Alternate Company Name or D.B.A	Enter the Alternate company name or DBA.
*Parent Company Name (if N/A please input your company name instead	Enter the Parent Company Name (if available)
*Onsemi Contact	Enter Onsemi Contact indicated in the email notification
VAT Code	Enter VAT Code
*Payment Terms	This field is defaulted to 60 Net which is our minimum standard payment term. For other values, please enter the agreed payment term negotiated by onsemi procurement personnel.
Additional Comments	Enter additional comments

Supplier Registration Form

Company Details

Fill out the following fields. Those with “*” are required field and the system will restrict you going to the next section if required fields are left blank



Your Contact Information

Enter the contact information for communications regarding this registration.

* First Name

Supplier

* Last Name

Registration

* Email

supplier.registration@new.com

* Confirm Email

supplier.registration@new.com

FIELD NAME	DESCRIPTION/ACTION
*First Name	Enter contact's first name
*Last Name	Enter contact's last name
*Email	Enter the supplier Email for communication regarding the registration
*Confirm Email	Confirm the Email by reentering the email address

Once filled out, click the “next” button on the right side of the screen.

Back

Next

Save for Later

Register

Cancel

Supplier Registration Form

Contacts

This will be your view when you click Create & Edit Button

Create Contact

Salutation

* First Name

Additional

Middle Name

* Last Name

Contact

Job Title

Indicate this contact is an administrative contact who will be notified of the registration review outcome

☒ Administrative contact

Phone

Mobile

Fax

* Email

additional.contact@test.com

Additional Information

Administrative Check Box – Administrative contact will be notified of the registration review outcome

PO Email Address

Remittance Email

User Account

☒ Create user account

User Account Check Box – Create supplier user account

Roles

Actions ▾ View ▾ Format ▾ ✕ 📄 📄 Freeze 📄 Detach ↩ Wrap	
Role	Description
Supplier Self Service Administrator Custom ...	Manages the profile information for the supplier company. Primary tasks include updating supplier profile information.
Supplier Portal Questionnaire Responder Cu...	Primary tasks includes responding to supplier questionnaires

FIELD NAME	DESCRIPTION/ACTION
Salutation	Select from the dropdown list
*First Name	Required field. Enter your First Name
Middle Name	Enter your First Name
*Last Name	Required field. Enter your First Name
Job Title	Enter your First Name
Phone	Enter your phone
Mobile	Enter your mobile
Fax	Enter your fax
*Email	Enter
Administrative contact	Above email address provided will be notified of the registration review outcome
Additional Information PO email address Remittance email address	email address and Remittance email address are required.
Create user account	Allows vendor to create user account.

Click the ‘Next’ Button located on the upper right side of your current window if all required fields are filled out.

Supplier Registration Form

Contacts

- This screen will allow you to Edit or Create additional contacts for the supplier if necessary.
- Details provided from Contact information on the section 1 will show and will automatically be the Administrative Contact.

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Company Details

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Save for Later

Register

Cancel

Enter at least one contact. Add PO delivery email and Remittance email by clicking on Edit for a selected contact.

Actions

View

Format

+

Create

✎

Edit

✕

Delete

📄

Freeze

📄

Detach

↶

Wrap

Name	Job Title	Email	Administrative Contact	Request User Account	Edit	Delete
Registration, New		new.registration@test.com	✓	✓	<div>✎</div>	<div>✕</div>

Columns Hidden 7

Delete – Delete Supplier Contact information.

Edit – Edit or modify Supplier Contact information

Create – Allows you to create additional Supplier contact

Once filled out, click the “next” button on the right side of the screen.

Back

Next

Save for Later

Register

Cancel

Supplier Registration Form

Addresses

- Addresses screen will allow user to Create supplier address which is mandatory for submission.
- Supplier Address fields format may vary depending on your location.

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Register

Cancel

Enter at least one address.

Actions

View

Format

+

Create

Edit

Delete

Freeze

Detach

Wrap

Address Name	Address	Phone	Address Purpose	Edit	Delete
--------------	---------	-------	-----------------	------	--------

Create Address

* Address Name (same as city)

HOLTSVILLE

* Country

United States

Address Line 1

Address Line 2

* Zip Code

00501

* State

NY

County

Suffolk

* City

Holtsville

* Address Purpose

Ordering

Remit to

RFQ or Bidding

Phone

1

Fax

1

Email

new.supplier@test.com

Additional Information

Alternate Address

Address Contacts

Select the contacts that are associated with this address.

Actions

View

Format

✕

Freeze

Detach

Wrap

Name	Job Title	Email	Administrative Contact	User Account
------	-----------	-------	------------------------	--------------

Columns Hidden 4

Create Another

OK

Cancel

FIELD NAME	DESCRIPTION/ACTION
Address Name	Enter the address name same as the city
Country	Select Country from the list of Values
Address Line 1	Enter address line 1. You may maximize line 2 if needed.
Address Line 2	Enter address line 2
Zip Code	Select Zip code from the list of value.
State	For US, this field will be automatically populated based on the zip code entered
County	For US, this field will be automatically populated based on the zip code entered
City	For US, this field will be automatically populated based on the zip code entered
Address Purpose	Ordering - Equivalent to purchasing site. Your company's physical address/location. Remit to - Equivalent to pay site. Your company's remittance address.

Supplier Registration Form

Addresses

- This is how it should look like if the address entered is both for Ordering and Remit to purposes.
In case of having separate remittance address and physical address, please create another address using ‘Create Button’ and click the correct address purpose for each of the addresses.

Actions ▾ View ▾ Format ▾ + Create Edit Delete Freeze Detach Wrap

Address Name	Address	Phone	Address Purpose	Edit	Delete
HOLTSVILLE	00501,NY,Suffolk,HOLTSVILLE,		Ordering; Remit to		

- This is how it should look like if you have separate address of ordering and remittance.
Once done, click on ‘next’ to proceed on the next section.

Goals and Performance

DetailsClassifications

BackNextSave for LaterRegisterCancel

Enter at least one address.

Actions ▾ View ▾ Format ▾ + Create Edit Delete Freeze Detach Wrap

Address Name	Address	Phone	Address Purpose	Edit	Delete
AGUADA	PO BOX,00602,PR,Aguada,AGUADA,		Remit to		
HOLTSVILLE	00501,NY,Suffolk,HOLTSVILLE,		Ordering		

Columns Hidden 3

Supplier Registration Form

Business Classifications

- Business Classification is Mandatory for US suppliers. Enter at least one business classification or click the none of the classifications are applicable field.
- + button allows you to add business classification type.
- x button allows you to delete business classification type

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Goals and Performance ⓘ

BackNextSave for LaterRegisterCancel

Enter at least one business classification or select none applicable.

☐ None of the classifications are applicable

ActionsViewFormat+XFreezeDetachWrap

Subclassification	Certifying Agency	Other Certifying Agency	Certificate	Start Date	Expiration Date	Attachments	Notes
27 Small Disadvantaged Business				m/d/yy	m/d/yy	None +	
77 Service Provider							
A8 Nonprofit Organization							
Hub Zone							
MF Manufacturer of Goods							
Minority Owned							
Service-disabled Veteran Owned							
Small Business							
Veteran Owned							
Women Owned							

Select the business classification type from the list of values.

Select certifying agency. If available.

Select another certifying agency. If available.

Select certificate. If available.

Start Date. If available.

Expiration Date. If available.

Attachment. If available.

Supplier Registration Form

Questionnaire

- Questionnaire Section will vary between US and non-US suppliers based on Tax Country value selected under company details screen

Section

☒

1. ELECTRONIC FUNDS TRANSFER - US

☒

2. VENDOR U.S. SALES TAX REGISTRA...

☒

3. W-9 FORMS☒☒

Supplier Country is US



Section

☒

1. ELECTRONIC FUNDS TRANSFER - In...

☒

2. W-8 FORMS

☒

3. GENERAL AGREEMENTS☒

Supplier Country is NON-US



Supplier Registration Form

Questionnaire



Section 1: ELECTRONIC FUND TRANSFER

No	Question	Action
1	Proof of bank ownership or other similar document supporting the request.	Supplier banking details
2	Other supporting document	Could be quotations and invoices
3	Beneficiary Name	Needs to be the same with company legal name.
4	Alternate Beneficiary Name	Enter as applicable
5	Supplier Bank Account Number	Required Field. Enter as applicable
6	Supplier Bank Account Type	Could be Check or Ordinary Check - Provide payables to name or voided check Ordinary (Wire or EFT) - Requires you to add information on mandatory fields of number 7 - 16.
7	Currency of account – Required.	This should be the currency offered in quote and invoices

Once all required field are filled out, click “Next Section” to proceed.

Questions

ELECTRONIC FUNDS TRANSFER - US (Section 1 of 6)

- * 1. Please attach proof of bank ownership or other similar document supporting the request.
(Preferred Response: Attached Document)

ATTACHED

* Response Attachments None +

2. Other supporting documents – onsemi internal requirement (e.g. remittance request form, check request form, invoice)
(Preferred Response: Attached Document)

Response Attachments None +

- * 3. Beneficiary Name:
💡 Beneficiary Name is required to be the same as Company Name.

NEW SUPPLIER

- * 4. Alternate Beneficiary Name:

NEW SUPPLIER

- * 5. Supplier Bank Account Number:

123456789

- * 6. Supplier Bank Account Type:

- ☐ a. CHECK
☒ b. ORDINARY

- * 7. Currency of Account:

USD

Supplier Registration Form

Questionnaire

Section 1: ELECTRONIC FUND TRANSFER

No	Question	Action
8	Bank ABA Routing Code for ACH	Required for Local Payments
9	Bank/Sort/Swift Code	Required for Local Payments
10	Bank Branch Code	Enter Branch Code as applicable
11	Bank Name	Required Field. Enter your Bank name
12	Branch Name	Required Field. Enter your Branch name
13	Bank State/Province	Enter State/Province as applicable
14	Bank City	Enter Bank City as applicable
15	Bank Country	Enter Bank Country as applicable
16	Authorization for Electronic Funds Transfer	Click the "accept" button

Once all required field are filled out, click “Next Section” to proceed.

* 8. Bank ABA Routing Code for ACH (Required for Local Payments):

61539172652

* 9. Bank/Sort/Swift Code (Required for local payments):

181036T16519

10. Bank Branch Code (if applicable):

* 11. Bank Name:

A valid Bank is required, do not put N/A

BANK OF AMERICA

12. Branch Name (if applicable):

* 13. Bank State/Province:

PROVINCE

* 14. Bank City:

CITY

* 15. Bank Country:

UNITED STATES

* 16. Authorization for Electronic Funds Transfer:

You hereby authorize **onsemi** to initiate credit entries to the account listed below in connection with agree upon contractual terms entered into between our companies. You agree that such transaction will be governed by the Society of Worldwide Interbank Financial Telecommunications (SWIFT) or the National Automated Clearing House (ACH) Association rules. This authority is to remain in effect until **onsemi** has received written notification of termination in such time and in such manner as to afford a reasonable opportunity to act on the request.

IN NO EVENT SHALL **onsemi** BE LIABLE FOR ANY SPECIAL, INCIDENTAL, EXEMPLARY OR CONSEQUENTIAL DAMAGES AS A RESULT OF THE DELAY, OMISSION OR ERROR OF AN ELECTRONIC CREDIT ENTRY, EVEN IF **onsemi** HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.

☒ a. Accept

Supplier Registration Form

Questionnaire

Section 2: VENDOR U.S SALES TAX REGISTRATION

Mandatory for US suppliers. Select the box/s before the states your company is registered to collect and remit. This information will be used to ensure that we pay your company any sales tax due.

Questions

VENDOR U.S. SALES TAX REGISTRATION (Section 2 of 6)

* 17. onsemi requires all U.S. suppliers to provide information to identify jurisdictions where your company has registered for U.S. state and local sales tax.

- ☐ a. AL
- ☐ aa. NC
- ☐ b. AK
- ☐ ab. ND
- ☐ c. AZ
- ☐ ac. NE
- ☐ d. AR
- ☐ ad. NJ
- ☐ e. CA
- ☐ ae. NM
- ☐ f. CO
- ☐ af. NV
- ☐ g. CT
- ☐ ag. NH
- ☐ h. DE
- ☐ ah. NY
- ☐ i. FL
- ☐ ai. OH
- ☐ j. GA
- ☐ aj. OK
- ☐ k. HI
- ☐ ak. OR
- ☐ l. IA
- ☐ al. PA
- ☐ m. ID
- ☐ am. RI
- ☐ n. IL
- ☐ an. SC
- ☐ o. IN
- ☐ ao. SD
- ☐ p. KS
- ☐ ap. TN
- ☐ q. KY
- ☐ aq. TX
- ☐ r. LA
- ☐ ar. UT
- ☐ s. MA
- ☐ as. VT
- ☐ t. MD
- ☐ at. VA
- ☐ u. ME
- ☐ au. WA
- ☐ v. MI
- ☐ av. WI
- ☐ w. MN
- ☐ aw. WV
- ☐ x. MO
- ☐ ax. WY
- ☐ y. MS
- ☐ ay. Not Applicable
- ☐ z. MT

Internal Revenue Service (IRS)

Form W-8 (Required for foreign, non-US based companies doing business with onsemi US forms. entities. Respective W-8form should be completed based on your company entity type. See links below to IRS website for Forms and Instructions. onsemi cannot provide tax advice on which W-8 form to complete or how to complete Form W-8. Please consult your tax advisor as appropriate).

Form W-9 (Required for US based companies doing business with onsemi US entities. onsemi cannot provide tax advice on how to complete the Form W-9. Please consult your tax advisor as appropriate).

End of Section 2 of 6

Previous Section

Next Section

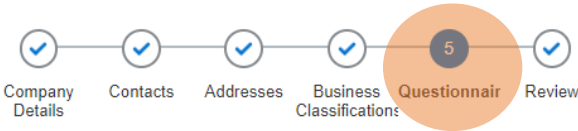


Supplier Registration Form

Questionnaire

Section 3: W-9 FORMS

Mandatory for US suppliers. Select the box/s before the states your company is registered to collect and remit. This information will be used to ensure that we pay your company any sales tax due.



Goals and Performance

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Cancel

Questions

W-9 FORMS (Section 3 of 6)

Section

1. ELECTRONIC FUNDS TRANSFER - US

2. VENDOR U.S. SALES TAX REGISTRA...

3. W-9 FORMS

4. GENERAL AGREEMENTS

5. Risk Management Agreement

6. onsemi POLICY & AGREEMENTS

* 18. Form W-9 (Required for US based companies doing business with onsemi US entities. onsemi cannot provide tax advice on how to complete the Form W-9. Please consult your tax advisor as appropriate.):

Attachments fw9.pdf (1 more...)

☒ a. Forms Accepted & Returned

☐ b. Forms Not Accepted & Returned

* Response Attachment

Test attachment upload

lev +

End of Section 3 of 6

Previous Section

Next Section

W9 attachment is required for submission. Click the + button to add attachment and browse for the file. once done, just click

Next Section

 to proceed.

Supplier Registration Form

Questionnaire

Section 4: GENERAL AGREEMENTS

Read attachments Including Supplier Handbook, RBA, Onsemi Terms & Conditions. Click acknowledge if the agreements have been discussed and settled.

Questions

GENERAL AGREEMENTS (Section 4 of 6)

- * 19. **Suppliers are required to review, accept, and abide to the requirements contained in the Supplier Reference Documents:**
Acknowledge by authorized supplier representative for onsemi representative to review

Supplier reference documents include, but are not limited to, the following:

- Supplier Handbook - Supplier shall act in accordance with applicable provisions of the current version of onsemi's Supplier Handbook.

Attachments OnSemi_Supplier_Handbook.pdf

☒ a. Acknowledged by Supplier

- * 20. Responsible Business Alliance (formerly known as EICC Standards/Requirements)
Attachments RBACodeofConduct7.0_English.pd

☒ a. Acknowledged

- * 21. ON Standard Terms and Conditions - Unless otherwise agreed between onsemi and Supplier in a separate written agreement, onsemi's purchases are governed by onsemi's Purchase Order terms and conditions as of the time the Purchase Order is placed.
Attachments ON-Standard-Terms-Conditions.d (3 more...)

☒ a. Acknowledged

Response Attachments None +

Comments

Supplier Registration Form

Questionnaire

Section 5: Risk Management Agreement

Suppliers are required to provide SOC report if they are software related supplier or SaaS Supplier.

Questions

Risk Management Agreement (Section 5 of 6)

* 22. Suppliers are required to provide SOC report if they are software related supplier or SaaS Supplier

☒ a. Applicable

* Response Attachments None +

☐ b. Not Applicable

Comments

End of Section 5 of 6

Questions

Risk Management Agreement (Section 5 of 6)

* 22. Suppliers are required to provide SOC report if they are software related supplier or SaaS Supplier

☐ a. Applicable

☒ b. Not Applicable

Comments

End of Section 5 of 6

Supplier Registration Form

Questionnaire

Section 6: onsemi POLICY & AGREEMENTS

Review the onsemi POLICY & AGREEMENTS section and acknowledge.

Once done, click next section to review all the details entered from Company Details to onsemi Policy & Agreements.

Questions

onsemi POLICY & AGREEMENTS (Section 6 of 6)

* 23.

It is **onsemi**'s standard practice to automatically set-up all suppliers on our Self-Billing Program understanding of the Self-Billing Program and how it will relate to your shipments and the payment terms.

The Self-Billing Program is **onsemi**'s pay-from-receipt program that eliminates the need for Purchase Order prices. The value of each shipment and applicable tax, is automatically calculated based on the invoice amount. **SE**

All PO's that are issued for "Services" will require a supplier invoice. **SUP**

Assign a unique packing ticket number to each shipment and display it prominently on the packaging and all communications and will become the invoice number.

Include on the packing ticket: The complete **onsemi** Purchase Order number, the Purchase Order Contact an **onsemi** Supply Management Representative on issues relating to purchase order. Notify **onsemi**, in advance and in writing, of any changes to remittance information. Please provide the old remittance information along with the new remittance information. Communicate Self-Billing guidelines and procedures to your Credit and Accounts Receivable. For any payment issues/questions, please reach out to AP contact that gets listed on the PO. **on**

Supply Management (Purchasing)

a. Acknowledged

* 23.a.1. Date:

accuracy of the part number, description, quantity, unit of measure, and price for the first two weeks after start up to verify the accuracy of the data. Remittance advice each payment based upon self-billing statements against the Supplier's account to correct payment errors.

the receiving system to ensure correct payment is made

Supplier Registration Form

Review

Review Allows the user to check all the information provided.
Once Review is done, click Register to submit the registration for approval.

Goals and Performance ?

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Company Details

Full Legal Company NameNEW SUPPLIER

Tax Organization TypeCorporation

Goods or ServicesGoods Supplier

Corporate Web Site

D-U-N-S Number

Tax CountryUnited States

Taxpayer ID56282762

Tax Registration Number45272971

Additional Information

Alternate Company Name or D.B.A

Parent Company Name (if N/A, pls put your company name instead)N/A

* onsemi ContactRSDBA Team - Gatekeeper

VAT Code

Payment Terms60 Net

Additional Comments

Any discrepancy on the entered information can cause delay on the set-up.
Please ensure that all details are accurate and correct.

Attachments

Actions ▾View ▾+×

Type	Category	* File Name or URL	Title	Description	Attached By	Attached Date
No data to display.						

Supplier Registration Form

Review

Review Allows the user to check all the information provided.
Once Review is done, click Register to submit the registration for approval

Contacts

View ▼Format ▼FreezeDetachWrap

Company Details

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Business Classification!

Questionnaire

6Review

Name	Job Title	Email	Administrative Contact	Request User Account	Details
SUPPLIER, NEW		new.supplier@test.com	✓	✓	
Columns Hidden 7					

Addresses

View ▼Format ▼FreezeDetachWrap

Address Name	Address	Phone	Address Purpose	Details
LAS VEGAS	3993 HOWARD HUGHES PARKWAY,89169,NEVADA,Clark,LAS VEGAS,	+1 (81)5618 x324	Ordering; Remit to	
Columns Hidden 3				

Business Classifications

✓None of the classifications are applicable

View ▼Format ▼FreezeDetachWrap

Classification	Subclassification	Certifying Agency	Other Certifying Agency	Certificate	Start Date	Expiration Date	Attachments	Notes
No data to display.								

Questionnaire

Questionnaire Details

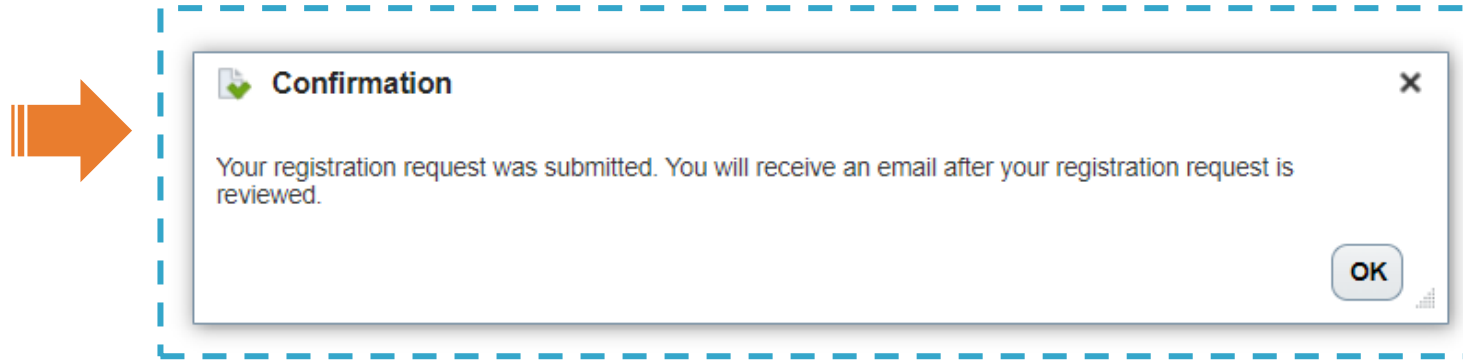
Any discrepancy on the entered information can cause delay on the set-up.
Please ensure that all details are accurate and correct.

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What should I do next after submission?

After clicking the registration button, there will be a prompt message stating *“Your registration was submitted...”*

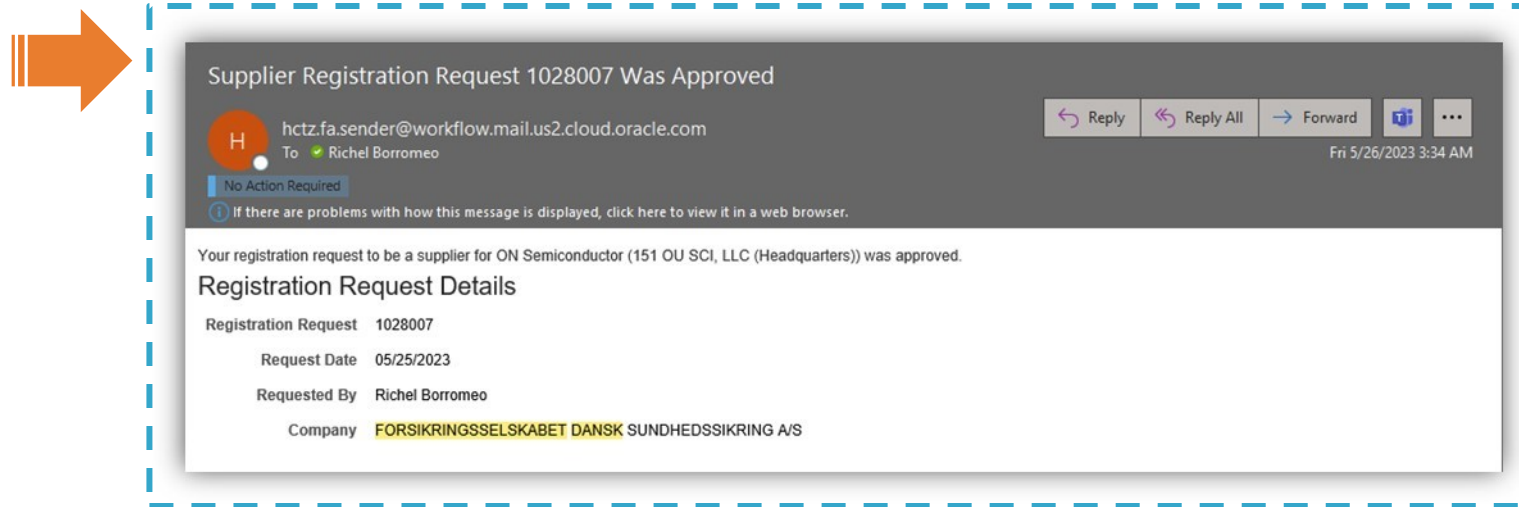


What should I do next after submission?

Once onsemi has reviewed your registration, you will receive an email with the subject “*Supplier Registration Request xxxxx Was Approved*”

This means that the onsemi contact you have indicated approved your registration already. Registration will route to approvals before PO can be issued.

PO recipient will be the email address you entered on the address section..





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