

Supplier Onboarding SAP Ariba User Guide

Complete IPG's Registration Form

For Suppliers



Document Purpose:

The purpose of this document is to provide detailed guidance for IPG's suppliers to navigate the supplier onboarding portal (SAP Ariba Network) and complete the various supplier onboarding forms from the system:

- External Registration Form
- Risk Assessments
- Self-reporting any information updates through the SAP Ariba Network

Document Structure:

Each form has its own section outlining step-by-step directions and supplemental screenshots to successfully register to become a new supplier with IPG.

Also included in this document is a section for suppliers to reach out to Ariba in the event they have questions or run into any technical issues.

Scenario	
	Instructions
A role-based scenario, providing an	Detailed instructions of the testing
overview of the objectives from an	process, including visual depictions of
operational business perspective	the steps to help walk testing
	participants through the process

- Kov		
ксу		
#	Required	This process step is critical and should be completed before proceeding to the next step
#	Optional	This process step is not critical for the end-to-end process
#	Conditional	This process step is informed by a predecessor. It may or may not appear depending how driving questions are answered
?	Help tip	Footnotes or additional information that may be helpful to understand how certain functionality works in the solution

<u>Click to navigate to the section:</u>

	Supp	blier Registration – Complete Registration Form	4
	•	Section 1: General Supplier Information	8
	•	Section 2: Contact Information	9
	•	Section 3: Supplier Classification	10
	•	Section 4/5: Tax Information	11
01	•	Section 6: Payment Information	15
01.	•	Section 7/8: Bank Information	18
	•	Section 9/10/11: Alternate Remittance Address	19
	•	Section 12: Third Party Management	20
	•	Section 13: Diversity information	21
	•	Section 14: Worker Classification	22
	•	Section 15: Other Information Acknowledgement	23

Supplier Registration

-Supplier Registration - What is it?



IPG is launching a new supplier management program which requires suppliers to register via the SAP Ariba Network. This will increase efficiency in the supplier onboarding process by allowing suppliers to self-register via the SAP Ariba Network.

-Setting the Context



IPG will invite the supplier to complete or update the registration form and provide important supplier information in order to be set up as an IPG supplier.

The information provided will **route for review and approval** during which IPG may request additional information or send you follow on questionnaires (e.g. questions about information provided, diversity certificates, risk questionnaires, etc.)

-Key Benefits-

- 1 Suppliers can self-report and maintain their own data including diversity
- 2 Suppliers can leverage their existing SAP Ariba Network accounts when onboarding with IPG



The External Registration Form is either **sent to the vendor contact** (or the Agency Requestor **for alternate process vendor types**). It is broken out into sections, each of which asks for specific vendor information. Below are the sections, their purpose, and scenarios where the vendor might not need to complete the section:

D F AP

Required

Optional

Conditional

? Help Tip Domestic TP

Foreign TP IP Individual Person AP Alternate Process



After clicking on the registration invitation email and signing in/creating an account, the supplier contact should be taken directly to the **Registration Form.**

The vendor may also log in to their Ariba Network account. Access the Registration form from their **Proposals and Questionnaires** dashboard:

SAP	Ariba Proposals and Questionnaires $-$	Standard	I Account	Upgrade	TEST MODE			?	•
IPG -	TEST								
There a	are no matched postings.	Please FAQs re	refer to trai egarding the	ining and supp e new vendor (ort materials onboarding p	s on IPG's Supplier Site for any process.	y questions and genera	al	
		Events							
		Title	ID	End Time	Ļ	Event Type	Participated		
						No items			
		Risk Ass	essment	S					
		Title	ID	En	d Time 👃	E	vent Type		
						No items			
		Registrat	tion Que	stionnaires	5				
		Title				ID	End Time ↓		Status
		 Statu 	is: Open (1	.)					
		Standard E	External Re	gistration Ques	tionnaire	Doc299901995	11/16/2021 12:57	PM	Invited
		Qualifica	tion Que	estionnaire	S				
		Title	ID	End Time ↓		Commodity	Regions	Status	
						No items			

Some notes on the Registration Form:

- Some information will have defaulted based on information previously collected. Verify this information is correct and make updates as applicable.
- Proceed by filling in all required fields, denoted by a red asterisk (*). Optional fields will not be required to successfully submit the form.
- Some questions will have a help tip with additional information for clarity. Hover over the help bubble to read the help tip: ^①
- Once the form is started, you may save your progress at any time and return to continue filling out this form. Find the Save Draft button

Submit Entire Response

Save draft

Compose Message

Excel Import



Registration Form: General Supplier Information

Section 1: General Supplier Information confirms general supplier information.

Validate or fill in the following fields:

- Business name to be displayed on Payments/PO's
- Business name continuation (over 35 characters)
- 3 Name as shown on Tax Returns, if different from above
- Name as shown on Tax Returns continuation (over 35 characters)
- 5 Vendor Address
- Copy in URL (web address), if applicable
- 7 Type in DUNS number, if applicable
- 8 Telephone number is pre-populated from the Agency. Edit if applicable

7 Type in remit email address

lame 1		Enter the business name expected to
I General Vendor Information		appear on PO's and invoices.
1.1 Business name to be (i) displayed on Payments/PO's	*	
1.2 Business name continuation (over 35 (i) characters)		
1.3 Name as shown on Tax Returns continuation (over (i) 35 characters)		Enter the vendor registered, legal name.
1.4 Name as shown on Tax Returns, if different from		government issued tax documents (W9, W8 etc.). If this is the same as 'Vendor
above	*Show More	DBA Name', leave this field blank.
	Street: 8 trixie lane	
	Street 2:	Please use this field for
	Street 3:	apartment/suite number or continuation from main street
1.5 Vendor Address	District:	address (above)
	Postal Code: 76543 (i) City: * Kansas	0
	Country/Region: United States (US)	D Region / State: Kentucky (KY) ↓
1.6 URL (web address) (i)		
1.7 DUNS Number (i)		
1.8 Telephone Number Please do not include the country code	* 8765435678	
1.9 Remit email address (i)	*	
1.13 Vendor Types (j)	Not Applicable	
1.14 Department / Agency	[US17-US84] - FutureBrand New York	

Section 2: Contact Information holds the Supplier's Business and Finance contact information.

- Business Contact details should be defaulted from the Agency's input. This is the main supplier contact that corresponds with IPG.
- If a Finance Contact is available, there is an option to enter his/her details as well. IPG may reach out to the finance contact if there are follow-ups on bank information or invoicing.
- If an ESG(Sustainability) Contact is available, there is an option to enter his/her details as well.



Registration Form: Supplier Classification

Section 3: Supplier Classification classifies the supplier based on IPG's custom category taxonomy.

- Review the initial primary supplier category classification selected by the Agency, if applicable. This is not editable. If this classification is not correct, reach out to the Agency contact you are working with.
- If there are additional service categories the supplier is able to provide, selfselect other category classifications. To do so, click Select and choose up to 5 categories from the lowest level of the hierarchy. Click Done once the categories have been selected.
 - If applicable, select NAICS number from the drop-down menu.

2.9 ESG (Sustainability) Contact Email		
V 3 Supplier Classification		
3.1 Please review your initial primary vendor category classification. If you believe this is not the right category selection, please reach out to your agency contact to update.	Professional Services	
3.2 Please select no more than 5 categories that you are able to provide to IPG from the category list. You may select multiple at the lowest level within the hierarchy.	(select a value) [select	ct]
3.3 Please provide your NAICS number	Unspecified	, Jhy
4 Tax Information	Unspecified	\bigcirc
4.1 Are you a foreign vendor? Foreign - located in a different country than the requesting agency	[54181] - Advertisin	ng Agency
4.2 If you have not already completed the Comply registration process. STOD	[54143] - Artwork D	esign / Illustration
(*) indicates a required field	[54192] - Artwork S	tock Photography
Submit Entire Response Save draft Compose Message	[32312] - Artwork T [54143] - Creative S	ypesetting Services Artist
	[51224] - Creative !	Services Audio Producers/Studios
	[51224] - Creative \$	Services Broadcast Production
	[33461] - Creative S	Services CD_ROM Duplication and P
	[71151] - Creative S	Services Copywriting
	[51219] - Creative 9	Services Dub/Shipping/Editorial/Stora
	[51211] - Creative S	Services Film Production
	[71151] - Creative S	Services Freelance
iic.com) last visit 2/8/2023 12:22 PM IPG - TEST C41_UI2	[51211] - Creative S	Services Music Production

Registration Form: Tax Information

Section 4/5: Tax Information collects the supplier's tax information. Depending on the supplier scenario, the available form sections and questions will change:

NOTE: Domestic Third Party Individual only applies to agencies in located inside agency country.

If the supplier is a **Domestic Third Party Individual**, the **Tax Information** section will be completed as follows:

1 The Agency will have pre-populated if you are located outside of the agency country and **No** will be selected for Domestic Third Party Individuals.

If the vendor is using a US Social Security Number as their Tax ID, Yes should be selected. Otherwise, No should be selected.

NOTE: SSN only applies to agencies in the US.

3 Q4.4 is only be applicable to US Domestic vendors. If No is selected for this question, the workflow will be routed to the Tax Team for review and approval.

4 Add a Tax Documentation by clicking on the **Attach a file** link and selecting the file from your desktop. Click **OK** once added.

NOTE: A warning message will be displayed if Ariba detects a virus in your uploaded attachments. The document may be removed.

5 For Domestic Third Parties Individuals, type in the country and **select it** to fill in Tax identification Number.

If UK is selected for Q4.9, provide the tax ID / VAT / GST, etc, and Q4.11 should be defaulted to Yes.

4 Tax Information	
4.1 Are you a foreign vendor? Foreign - Located in a country that is different than the party/agency you are providing services for.	* No v
4.3 Are you using a US Social Security Number (SSN) on your vendor registration? (i)	* No ~
4.4 Do you currently employ three (3) or more employees?	* Unspecified V
4.5 Please upload your tax documentation providing your Taxpayer Identification Number ①	*Attach a file
	Country/Region: United States (US)
4.9 lax identification Number ()	Tax Name TaxType Tax Number
Add Attachment	OK Cancel Organization
E 4 Incation of a file to add as an Attachment. To search for a particular file, click Browse When you have finished, click OK to add the attachment. Attachment Choose File Volte chosen Or dop file have	
Country/Region: Lassa y	
4.9 Tax Identification Number ①	
6 Juited Kingdom: VAT Registration Nu	Index type Tex (Validue)
🕇 Required 👖 Optional 🎁 Conditional ? Help Tip	

Registration Form: Tax Information

If the supplier is a **Foreign Third Party**, the **Tax Information** section will be completed as follows:

- The Agency will have pre-populated if you are located outside of the Agency's country. For Foreign Third Parties, this will be Yes.
- 2 For foreign third parties requested by a US agency, information about the Comply process will be displayed if .
 - NOTE: Information about the Comply process was also previously provided in the registration invitation email. If the supplier does not complete this process ahead of completing the registration form, Save current progress in the form! Then click the embedded link and log in with the provided Username and Password.
- 3 After the Comply process is complete, the resulting W8 will be added to the response. Click **Attach a file** and select a file from the desktop.
 - NOTE: A warning message will be displayed if Ariba detects a virus in your uploaded attachments. The document may be removed.
- Type in the country and select it to display the option to fill in the tax number.
- 5 The last question asks whether the supplier has a tax ID / VAT / GST, etc. This should default to **Yes.**

If **No**, select a reason why from the drop-down

Tax Information									1
4.1 Are you a foreign vendor? Foreign - Located in a country that is different than the party/agency you are a	providing services for.		*	Yes 🗸	•				
4.2 If you have not already completed the Comply registration process – ST The tax document produced through Comply is required to continue.	OP.	Add	d Atta	chment				ОК	Cancel
A link to the Comply system as well as a Username and Password are provide IPG is required by US law to obtain documentation prior to making certain pa payments to a foreign entity or individual. We provide a service to help you dr U.S. tax purposes, enabling us to fulfill our payment responsibilities as efficie possible. You will need to log in to a secure certification website using the usi	ed below. yments, including etermine your status for ntly and accurately as ername and password	Enter Attac Or d	r the loca chment irop file	ation of a file to add as an Choose File No file ch	Attachment. To search for a particular file, click osen	Browse.	When you have finished, click OK to add the attachment.		
below. The website will guide you step by step through the process and gene electronic signature. Once complete and your information has been submitted save the resulting tax form for use during your Ariba registration. If you need please consult your tax advisor or visit the IRS website for information at wo	erate a form for d, please download and additional assistance,	_	/					ок	Cancel
Website URL: https://www.ipgtaxforms.com/LoginOBFX.aspx Username : IPGC Password : Welcome									
4.6 Please upload your W-8 attachment from Comply (i)	3		*Att	tach a file					
			* Cou	ntry/Region:	United States (US)		v		
	4		Тах	Name	ТахТуре	Tax	Number		
6	ite URL: https://www.ipgtaxform: iame : IPGC vord : Welcome	s.com/	/Login	OBFX.aspx					
4.11 Do you have a tax ID / VAT / GST, etc?	Please upload your W-8 attachm	ient fro	om Co	omply (i)		3	*Attach a file		
	Do you have a tax ID / VAT / GS	T, etc	?			*	* No 🗸		
	Please provide a valid reason for	or not i	includ	ling a tax ID		*	* Unspecified V		
	ment Information						Unspecified		
	e select your payment method.		the set is		Man (Annian) Dinne ha suma		[C] Country Tax ID Not Applicable [D] Direct Payers		
	e consider IPG's primary payme ents may be delayed if check is f of Interpublic Group and its wh itting this registration, you are pr S banking information provided	selecter solly ov	wned ig con:	a via ACH (U.S.) or l payments proces agencies will be se sent to IPG to utili;	wire (roreign). Please be aware, sed by IPG Shared Services on ent to this bank account. By te a third party provider to validate		[F] Federal Government [I] Indivi U Tax ID Not Applicable	IFG	12

Registration Form: Tax Information

If the supplier is a **Domestic Individual Person**, the **Tax Information** section will be completed as follows:

- The Agency will have pre-populated if the supplier is located outside of the U.S. For Domestic Individual Persons, this will be No.
- 2) If the supplier is using a SSN, **Yes** should be selected.



3 Add a Tax Documentation by clicking on the **Attach a file** link and selecting a file from your desktop. Click **OK** once added.

NOTE: A warning message will be displayed if Ariba detects a virus in your uploaded attachments. The document may be removed.

4 For **US domestic individuals**, the **Worker Classification** section should appear in a later section of the form to be completed.

Tax Information		
1 Are you a foreign vendor? preign - Located in a country t	that is different than the party/agency you are providing services for.	1 * No ~
.3 Are you using a US Social	Security Number (SSN) on your vendor registration? (i)	2 * Yes 🗸
.4 Do you currently employ t	three (3) or more employees?	* Unspecified \checkmark
.5 Please upload your tax do umber	ocumentation providing your Taxpayer Identification (i)	3 *Attach a file
	Add Attachment	OK Car
	Enter the location of a file to add as an Attachment. To search for a particular file, click Browse When you have finished, click	OK to add the attachment.
	Attachment Choose File to file chosen	OK
 13 Worker Classification 121 Double a DDA antificity of the second second	Attachmen Choose File is file chosen	OK Car
 13 Worker Classification 13.1 Do you have a DBA certificate or sa If so, attach a copy 	Attachmen Choose File to file chosen	ок Сал
 13 Worker Classification 13.1 Do you have a DBA certificate or sa If so, attach a copy 13.2 Do you have a website? 	Attachmen Choose File o file chosen	ок Сал Сал * Unspecified V V * Unspecified V V
 13 Worker Classification 13.1 Do you have a DBA certificate or sa If so, attach a copy 13.2 Do you have a website? 13.4 Do you have Workers Compensation If so, attach proof of coverage 	ales tax number?	ок Сал Сал * Unspecified V V * Unspecified V V * Unspecified V V
 13 Worker Classification 13.1 Do you have a DBA certificate or sa If so, attach a copy 13.2 Do you have a website? 13.4 Do you have Workers Compensation If so, attach proof of coverage 13.5 Do you advertise or offer your services to If so, please attach a copy of the advertis 	ales tax number? on insurance or liability insurance of at least \$200,000. b the public? sement	OK Car ····································

Registration Form: Payment Information

Section 6: Payment Information captures the supplier's payment information.

There are two payment methods: **Electronic** and **Check**.

NOTE: Payment by check is only accepted in the US/Canada.

- Electronic (ACH/Wire) is the preferred payment method and is defaulted on the form.
- 1 Include any intermediary or beneficiary banking arrangements as applicable.
- Additionally, selecting an electronic payment method displays Section 8: Banking Information for the supplier to add bank details.

Please consider IPG's primary payment method is via ACH (U.S.) or Wire (fr payments may be delayed if check is selected. All payments processed by of Interpublic Group and its wholly owned agencies will be sent to this bank registration, you are providing consent to IPG to utilize a third party provide information provided.	PG Shared Services on behalf account. By submitting this to validate the US banking 1
6.4 Please describe any Intermediary or Beneficiary banking arrangements	, if applicable

If Check is selected:

5

Provide a reason for choosing check as the payment method. Check is only allowed in the US and Canada. Also indicate if separate checks are needed.



4 Additionally, identify whether or not the Remit to / Payment address is the same as the main address.

If **No**, then **Section 9: Alternate Remittance Address** will appear to add remittance details.

	the same as your main address?	* No
6.8 Please indicate if individual checks s	should be remitted ?	3 * No ~
6.7 Please provide a reason for not acce	epting electronic (ACH / Wire) payments.	* Freelancer
6.6 Please note, check payment metho outside of the U.S. or Canada is not pe	od is only allowed in the U.S. and Canada. Selecti rmitted.	ing this
Please consider IPG's <u>primary</u> payment m payments may be delayed if check is sele of Interpublic Group and its wholly owned registration, you are providing consent to l information provided.	nethod is via ACH (U.S.) or Wire (foreign). Please be an cted. All payments processed by IPG Shared Services d agencies will be sent to this bank account. By submit IPG to utilize a third party provider to validate the US	ware, s on behalf itting this banking

Registration Form: Payment Information

Need to update the bank information previously provided to IPG?:

- If you have previously been onboarded with IPG, IPG may already have a bank account on file. If you need to update the bank information, you will be requested to provide the last three payment amounts and transaction dates for security purposes.
- 2 Answer **Yes** if you need to update the bank information IPG has on file.
- 3 The next question will then prompt you to provide the last 3 payment amounts and dates. Answer "Yes" if you have been paid at least 3 times by IPG. Answer "No" if you have never been paid by IPG or have been paid less than 3 times by IPG.
- Provide the payment amounts and dates.
- 5 Then, you may update your bank information in the next section.

▼ 6 Payment Information	
6.1 Please select your payment method. Please consider IPG's primary payment method is via ACH (U.S.) or Wire (foreign). Please be aware, payments may be delayed if check is selected. All payments processed by IPG Shared Services on behalf of Interpublic Group and its wholly owned agencies will be sent to this bank account. By submitting this registration, you are providing consent to IPG to utilize a third party provider to validate the US banking information provided.	* Electronic (ACH / Wire) V
6.4 Please describe any Intermediary or Beneficiary banking arrangements, if applicable	
6.10 Do you want to update your bank Information? ①	* Yes V
6.14 Please provide the dates and amounts of the last 3 payments from IPG	
6.15 Have you been paid at least 3 times by IPG? (i)	* Yes V
▼ 6.17 Payment 1	
6.17.1 Please provide payment 1 date	*
6.17.2 Please provide payment 1 amount	* USD
▼ 6.18 Payment 2	
6.18.1 Please provide payment 2 date	*
6.18.2 Please provide payment 2 amount	* USD
▼ 6.19 Payment 3	
6.19.1 Please provide payment 3 date	*
6.19.2 Please provide payment 3 amount	* USD

Help Tip

Registration Form: Payment Information – Craft Translators Only

Section 6: Payment Information captures the supplier's payment information.

If you are a Craft Translation Provider, you also have the option to be paid by **PayPal**.

If PayPal is selected as the payment method:



Provide a PayPal Payment Email address.

▼ 6 Payment Information	
6.2 Please select your payment method.	
Please consider IPG's primary payment method is via ACH (U.S.) or Wire (foreign). Please be aware, payments may be delayed if check is selected. All payments processed by IPG Shared Services on behalf of Interpublic Group and its wholly owned agencies will be sent to this bank account. By submitting this registration, you are providing consent to IPG to utilize a third party provider to validate the US banking information provided.	* PayPal V
6.3 PayPal Payment Email (i)	* example@example.com

Registration Form: Bank Information

Section 7/8: Bank Information only appears if Electronic payment method is selected. The supplier may provide multiple bank accounts. Section 7: Bank Information prompts the Agency Requestor to enter the vendor's bank information (if the vendor is not providing their own bank information). Click on the Add Bank Information hyperlink, then click Add new to begin providing the vendor's bank details. 7 Bank Information Add Bank Information (0) 7.1 Bank Information < Back Bank Information (0) Bank Information Please ensure to submit and fill o. Please attach a bank reference, ban Add new

2 The following information should be provided about the vendor's bank account:

Barik i jpo		
Country/Region	2 8.1.1 Bank Information *	
• Account holder name	Domestic	
	Country/Region *	
 Bank key/ABA routing number 	United States Account holder name *	
Account number	This field is required	
• SWIFT ID	Bank key/ABA routing n	umber *
 Bank control key 	Clither account numb Account number *	er and bank key are mandatory or IBAN is mandatory
A bank reference, bank or deposit slip from the r	<pre>c statement, voided check, swift nominated bank account Bank control key</pre>	
Then click Submit .	38.1.2 Please ensure to submit and fill out all the	required bank information
Then click Submit .	 3 8.1.2 Please ensure to submit and fill out all the 8.1.3 Please attach either of the following to cert account ownership: Bank letter stating ownership and full accoun bank letterhead signed and dated within last Recent Bank statement showing full Account Voided check Pre-printed deposit slip reflecting account or Account number. 	required bank information ify bank Upload File nt number on t 60 days. t number. wner and full

NOTE: A warning message will be displayed if Ariba detects a virus in your uploaded attachments. The document may be removed.

Registration Form: Alternate Remit Address

Section 9/10: Alternate Remit Address only appears if Check payment method is selected. The supplier may provide multiple remit addresses.

If Check is the payment method, and Remit to/Payment Address is not the same as your main address, Add Alternate Remittance Address and type in the remittance address details: (Check payment method is only applicable in US/CA)

- Remit Address
- Remit City
- Remit State
- Remit Postal Code
- Remit Country
- Remit Email Address, and click Save.

6 Payment Information		
6.1 Please select your payment method. Please consider IPG's primary payment method is via ACH (U.S.) or Wire (fr processed by IPG Shared Services on behalf of Interpublic Group and its w are providing consent to IPG to utilize a third party provider to validate the	foreign). Please be aware, payments may be delayed if check is selected. All payments wholly owned agencies will be sent to this bank account. By submitting this registration, you US banking information provided.	* Check V
6.6 Please note, check payment method is only allowed in the U.S. a	nd Canada. Selecting this outside of the U.S. or Canada is not permitted.	
6.7 Please provide a reason for not accepting electronic (ACH / Wire) payr	ments.	*
6.8 Please indicate if individual checks should be remitted ?		* No ~
6.9 Is your Remit to / Payment Address the same as your main address?		* No ~
9 Alternate Remittance Address	1 Add Alternate Remittance Address (0)	
11 Think Darks Management		
		Save
Clicking Save will only save your Repeatable Section answers. To submit All Content > 8 Alternate Remittance Address	t your response, you will need to click Save and then click Submit Entire Response on the r	Save Cancel
Clicking Save will only save your Repeatable Section answers. To submit All Content > 8 Alternate Remittance Address Alternate Remittance Address (1)	t your response, you will need to fick Save and then click Submit Entire Response on the r	Save Cancel
Clicking Save will only save your Repeatable Section answers. To submit All Content > 8 Alternate Remittance Address Alternate Remittance Address (1) Name ↑	t your response, you will need to click Save and then click Submit Entire Response on the r	Save Cancel
Clicking Save will only save your Repeatable Section answers. To submit All Content > 8 Alternate Remittance Address Alternate Remittance Address (1) Name † Remittance Information #1	t your response, you will need to click Save and then click Submit Entire Response on the r	Save Cancel
Clicking Save will only save your Repeatable Section answers. To submit All Content > 8 Alternate Remittance Address Alternate Remittance Address (1) Name † Remittance Information #1 Remit Address	t your response, you will need to click Save and then click Submit Entire Response on the r	Save Cancel
Clicking Save will only save your Repeatable Section answers. To submit All Content > 8 Alternate Remittance Address Alternate Remittance Address (1) Name † Remittance Information #1 Remit Address Remit City	t your response, you will need to Lick Save and then click Submit Entire Response on the r	Save Cancel
Clicking Save will only save your Repeatable Section answers. To submit All Content > 8 Alternate Remittance Address Alternate Remittance Address (1) Name † Remittance Information #1 Remit Address Remit City RemitState	t your response, you will need to click Save and then click Submit Entire Response on the r	Save Cancel
Clicking Save will only save your Repeatable Section answers. To submit All Content > 8 Alternate Remittance Address Alternate Remittance Address (1) Name † Remittance Information #1 Remit Address Remit City RemitState Remit Postal Code	t your response, you will need to tick Save and then click Submit Entire Response on the r Defore * 600 W College Ave * Tallahassee * FL * 32206	Save Cancel
Clicking Save will only save your Repeatable Section answers. To submit All Content > 8 Alternate Remittance Address Alternate Remittance Address (1) Name † Remittance Information #1 Remit Address Remit City RemitState Remit Postal Code Remit Country	t your response, you will need to click Save and then click Submit Entire Response on the r	Save Cancel

Registration Form: Third Party Management

Section 11: Third Party Management establishes whether the supplier is a third party management company, and if so, whether there is evidence of the arrangement between the company and the recipient of the payment.

Select **Yes** or **No** from the dropdown to indicate whether the supplier is a third party management company acting as an agent for the recipient of the payment, or supplying registration information on behalf of the vendor.

If No, no further questions will be asked in this section.



If **Yes**, you will be asked if there is a contract evidencing the arrangement. The payment method should NOT be ACH.

- 2 If **Yes**, you will be prompted to attach a contract to the question.
- 3 If **No**, you will be prompted to download the Contract Alternative document and upload a completed contract to the question.

NOTE: A warning message will be displayed if Ariba detects a virus in your uploaded attachments. The document may be removed.

	Name 1	
	▼ 11 Third Party Management	
1	11.1 Are you a third party management company acting as an agent for the receipt of payment, or providing registration information on behalf of the supplier?	
	11.2 PAYMENT BY CHECK IS REQUIRED for third party payments when engaging Agency and Vendor are both in the US.	1
	11.3 If you are receiving payment or providing registration information on behalf of the supplier, is there an existing contract evidencing this arrangement? Yes 🗸	
2	11.4 If yes, please attach contract *Attach a file	<u>'</u>
	Name 1	
	▼ 11 Third Party Management	
	11.1 Are you a third party management company acting as an agent for the receipt of payment, or providing registration information on behalf of the supplier?	Yes 🗸
	11.2 PAYMENT BY CHECK IS REQUIRED for third party payments when engaging Agency and Vendor are both in the US.	
	3 11.3 If you are receiving payment or providing registration information on behalf of the supplier, is there an existing contract evidencing this arrangement?	No 🗸
	11.5 If no contract is available, please download the Contract Alternative document and upload the completed form References	ttach a file
	(*) indicates a required field	
#	Required # Optional # Conditional ? Help Tip	IFG 19

Registration Form: Diversity Information

Section 12: Diversity Information collects diversity information and certification information

The supplier should read IPG's statement and commitment to supplier diversity.

As applicable, select whether your company identifies as a diverse vendor

If No: No follow-on questions will appear

If **Yes**: Supplier will be sent an additional Diversity Questionnaire that will allow them to provide diversity and certification details

▼ 12 Diversity Information		
12.1 Our commitment to supplier diversity		
Interpublic has made promoting diversity and inclusion within our company and among our business partners a fundamental value of our organization.By working with partners who reflect the diversity of the world around us, we believe that Interpublic gains a strategic advantage as one of the world's leading marketing services companies.		
For more information, visit: https://supplieraiversity.interpublic.com/		
12.2 Does your business qualify as a diverse, small business, or minority-owned business? (i)	* Yes ∨	
12.3 You will receive a separate email from IPG to complete a diversity questionnaire. Please provide diversity classifications and possible certification(s) to be recognized and promoted as part of IPG's commitment to supplier diversity.		

Reminder: Complete questionnaire from [1000-10000030] - Procuremnt for Purple Shop by F

AN Ariba	Administrator <no-reply@ansmtp.ariba.com></no-reply@ansmtp.ariba.com>	← Reply	≪ Reply All	→ Forwar
₩ то 🛛 В	iriana L Mullan			Fri 2/10/20
(i) This sender no-	reply@ansmtp.ariba.com is from outside your organization.			
	IFG			
	Hello Briana Mullan, Interpublic Group			
	[1000-10000030] - Procuremnt invited you to complete a que [EVENT_START_DATE]. Please complete the [EVENT_TITLE] qu [EVENT_END_DATE].	estionnaire on uestionnaire by		
	Questionnaire Overview			
	Questionnaire name: Diversity Information			
	Respond by: Fri, 03 Mar, 2023			
	Comments: None provided at this time.			
	Please do not reply back to this email. Instead, please visit <u>C</u> questionnaire and submit as soon as possible.	: <mark>lick Here</mark> to co	mplete your	
	Please refer to training and support materials on https://www.interpublic.com/about/supplier-onboarding/ fo FAQs regarding the new vendor onboarding process.	r any question	s and general	
	Best,			
	IPG Corporate			

Help Tip

Registration Form: Worker Classification Information

Section 13: Worker Classification only appears if the supplier is an Individual Person using a Social Security Number.

NOTE: Only applicable in US/CA

- Select if the supplier has a DBA certificate or sales tax number from the dropdown, and attach a copy if so.
- 2) Select if the supplier has a website from the drop-down.



- Select if the supplier has Workers Compensation insurance or liability insurance of at least \$200,000 from the drop-down, and attach proof of coverage if so.
- 5 Select the supplier advertises or offers services to the public from the dropdown, and attach a copy of the advertisement if so.
- Select if the supplier has invested in facilities and/or specialized equipment to perform the function from the drop-down.



If **Yes**, describe these investments.

Worker Classification	(Section 9 of 10) 《 Prev. Next 》
Name †	
13 Worker Classification	
13.1 Do you have a DBA certificate or sales tax number? If so, attach a copy	* Yes 🗸 🕈
2 13.2 Do you have a website?	* Yes 🗸 🕈
3 13.3 Please provide the URL	*
 13.4 Do you have Workers Compensation insurance or liability insurance of at least \$200,000. If so, attach proof of coverage 	* Yes 🗸 🕈
 13.5 Do you advertise or offer your services to the public? If so, please attach a copy of the advertisement 	* Yes 🗸 🕈
13.6 Have you invested in facilities and / or specialized equipment to perform this function?	* Yes V
13.7 If you invested in facilities and / or specialized equipment to perform this function, please list the facilities here	*
13.8 Please be sure to attach proof to any of the above answered "Yes"	

Registration Form: Other Information Acknowledgement

Section 14: Other Information Acknowledgement prompts the supplier to acknowledge or not acknowledge IPG's policies.



2 Accept/deny IPG's Supplier Code of Conduct.

4

3 For **domestic individuals**, acknowledge IPG's purchase order policy.

Type in additional comments related to the company's registration information and/or add additional attachments by clicking the icon:

5 Click **Submit Entire Response**. To come back at a later time, **Save a draft** of your progress.

	14.1 By providing this information you acknowledge and agree to <i>IPG's Vendor Portal Privacy Notice</i> . In connection with your services to IPG, you agree to comply with all applicable laws and <i>IPG's Supplier Code of Conduct</i> , which could be accomplished by adhering to similar requirements in your internal code of conduct or internal policies.	
1	14.2 Do you acknowledge IPG's Vendor Portal Privacy notice?	* Yes, I acknowledge 🗸
2	14.3 Do you accept IPG's Vendor Code of Conduct?	★ Yes, I accept ∨
•	(*) indicates a required field	
	Submit Entire Response Save draft Compose Message Excel Import]

▼ 14	Other Information Acknowledgement				
1 to a a ir	4.1 By providing this information you acknowledge and agree or IPG's Vendor Portal Privacy Notice. In connection with your ervices to IPG, you agree to comply with all applicable laws and IPG's Supplier Code of Conduct, which could be ccomplished by adhering to similar requirements in your iternal code of conduct or internal policies.				
3 P IF th v r e u A p	4.2 lease acknowledge the below policy: ² G follows a 'No Purchase Order, No Payment' policy. This means at when a supplier submits an invoice for payment, it MUST have a alid Purchase Order listed on the invoice. Any supplier invoice not efferencing a valid Purchase Order will be returned to the supplier npaid. Il invoices should be submitted to the accounts payable team for rocessing via the email address on the Purchase Order.	* Yes, I acknowledge ∨			
4 1 y	4.3 Please provide any additional comments related to ()				
1 to	4.4 Please provide any additional attachments related ()	Attach a file			
4					
	([*]) indicates a required field				
Sut	omit Entire Response Save draft Cor	mpose Message Excel Import			

5

-