



POTENTIAL SUPPLIER INFORMATION FORM (PSIF)

The business information requested in this form will be used by Amgen to identify your company by category. Completion of this form is required as part of the potential supplier set-up process and does not constitute an agreement between Amgen and the supplier.

Please complete, sign and email PDF copy back to potential-supplier-registration@amgen.com

NOTICE: YOUR EMAIL MUST BE LESS THAN 1 MB IN SIZE.

BUSINESS CONTACT

- 1) Legal Name of Company/Payee (Required):
2) Business Name (if different from Legal name):
3) Primary Address (Required):
4) Remittance Address (if different from Primary):
5) Payment Currency (Required):
6) Phone Number ():
7) Fax Number ():
8) Business e-Mail:
9) DUNS Number:

PRODUCT / SERVICE PROFILE

- 10) Description of product or service:
11) Identify the innovation you are most proud of as a company that will provide value to Amgen:

AMGEN IS INTEREST IN DOING BUSINESS WITH THE FOLLOWING BUSINESSES

- 12) BUSINESS SIZE (Required):
13) BUSINESS DIVERSITY CLASSIFICATION (Required):
Please check all applicable boxes (See violation consequences per SBA act, section 16(d)):
Alaskan Native Corp
American Indian Tribe
Disadvantaged
GLBT Owned
HUBZone Business
U.S. Small Business Administration HUBZone Certified
Minority Owned Business
National Minority Supplier Development Council (NMSDC) Certified
Woman Owned Business
Woman Business Entrepreneurs National Council (WBENC) Certified
Veteran Owned Business
Service Disabled Veteran Owned

AUTHORIZED SIGNATURE (Typically a CFO, Controller or Financial Officer)

I hereby certify that, to the best of my knowledge, the above information is true and accurate.

PRINT NAME: SIGNATURE:
TITLE: DATE: