

Toshiba Global Commerce Solutions

Supplier Questionnaire

To Supplier Company:

Your completion and submission of this Supplier Questionnaire does not commit Toshiba Global Commerce Solutions (TGCS) to appoint your company as a TGCS Supplier or to otherwise enter into any business relationship with your company. If your company becomes a TGCS Supplier, and for as long as it remains a TGCS Supplier, your company must promptly inform TGCS of any changes to the information you provide in this Supplier Questionnaire.

Please complete and return to tgcsprocurement@toshibagcs.com.

Section A: COMPANY

Date of completing this profile (MM/DD/YYYY) / / *text/number fields *required

A1. COMPANY INFORMATION *text fields *required

Full Company Name (1) In English Language

Full Company Name (1) in Local Language

Street Address (2)

City (2)

State/ Province (2)

Country (2)

Postal Code (2)

Telephone Number (including country code)

Fax Number (including country code)

Company's Internet Website Address

Date Company Established (MM/DD/YYYY)

Commercial Registration Number

Year of Registration

Total Number of Employees

Number of Full-Time Employees

Number of temporary or Contracted Employees

A1. Notes:

- (1) This must be the full legal name of your Company, as it appears on your Company's commercial registration certificate. Where applicable please be sure to identify your Company's name in both the local and English languages.
- (2) This must be the complete address of your Company, as it appears on your company's commercial registration certificate.
- (3) This would be the government issued license or certificate that authorizes your Company to conduct business within your country.

A2. COMPANY MANAGEMENT **text fields*

1. Chief Executive Officer/ Managing Director (1)

First, Middle, & Surname/Family Name in Native Language (2) _____
 First, Middle, & Surname/Family Name in English Language (3) _____
 Year of Birth (4) _____ Telephone Number _____
 Email Address _____

2. Chief financial Officer/ Director of Finance (1)

First, Middle, & Surname/Family Name in Native Language (2) _____
 First, Middle, & Surname/Family Name in English Language (3) _____
 Year of Birth (4) _____ Telephone Number _____
 Email Address _____

3. Director of Sales (1)

First, Middle, & Surname/Family Name in Native Language (2) _____
 First, Middle, & Surname/Family Name in English Language (3) _____
 Year of Birth (4) _____ Telephone Number _____
 Email Address _____

4. Person Completing this form

First, Middle, & Surname/Family Name in Native Language (2) _____
 First, Middle, & Surname/Family Name in English Language (3) _____
 Year of Birth (4) _____ Telephone Number _____
 Email Address _____

5. Administrative Contact for Contractual matters (if different than listed above)

First, Middle, & Surname/Family Name in Native Language (2) _____
 First, Middle, & Surname/Family Name in English Language (2) _____
 Year of Birth (4) _____ Telephone Number _____
 Email Address _____

A2. Notes:

- (1) If a position above is not applicable to your Company (e.g., because your company has no "Chief Financial Officer"), then please provide the required information for the person within your company who holds an equivalent or comparable position. If a person holds more than one position referenced above, please refer to the position where the person's name is already stated: for example – "same as Chief Executive Officer/ Managing Director."
- (2) Please identify the first, middle, and surname/ family name for each person listed, in the native language of each person and as those names appear on official government documents, such as a passport.

(3) Please identify the first, middle, and surname/family name for each person listed, in the English language.

(4) Please only provide the year of birth for each person listed– not the month or day of birth.

A3. COMPANY OWNERSHIP – INDIVIDUALS

Please identify all individuals with 5% or more ownership of your Company (4)

**table format with text fields*

| First, Middle, & Surname/Family name in Native Language (1) | First, Middle, & Surname/Family name in English Language (2) | Year of Birth (3) | Telephone Number | Email Address |
|---|--|-------------------|------------------|---------------|
| | | | | |
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A3. Notes:

(1) Please identify the first, middle, and surname/ family name for each person listed, in the native language of each person and as those names appear on official government documents, such as a passport.

(2) Please identify the first, middle, and surname/family name for each person listed, in the English language.

(3) Please only provide the year of birth for each person listed– not the month or day of birth.

(4) If there are no individuals with 5% of more ownership of your company, you must mark this section "Not applicable."

A4. COMPANY OWNERSHIP – COMPANIES

Please identify all individuals with 5% or more ownership of your Company (2)

**table format with text fields*

| Company Name in Local Language (1) | Company Name in English Language (1) | Percent Ownership | Country Located |
|------------------------------------|--------------------------------------|-------------------|-----------------|
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A4. Notes:

- (1) Please be sure to identify each company's name in both the local and English languages.
- (2) If there are no companies with 5% or more ownership of your company, you must mark this section "Not applicable."

A5. ULTIMATE PARENT

Please Identify (if any) the name of your company's Ultimate Parent (2).

***table format with text fields**

| Company Name in Local Language (1) | Company Name in English Language (1) | Percent Ownership | Country Located |
|------------------------------------|--------------------------------------|-------------------|-----------------|
| | | | |

A5. Notes:

- (1) Please be sure to identify the company's name in both the local and English languages.
- (2) If your company does not have an Ultimate Parent, you must mark this section "Not applicable."

A6. COMPANY OPERATIONS ***text fields *required**

1. What services/products/technology does your company provide? Please indicate how long you have been providing each of the services/ products or technology.

2. What is your core business?

3. Who are your major customers?

4. In what countries do you operate? Please indicate countries from which products and services will be supplied to TGCS.

5. Are you legally registered and located in the country/all of the countries from which you intend to supply products or services to TGCS? Yes No ***radio buttons**

If NO – Please Explain:

Section B: FINANCIAL

***table format with text fields**

Please provide the following financial information for your Company. Please include your most recent year and the prior two years. Please also state currency utilized

| YEAR | TOTAL REVENUE | PROFIT (NET EARNINGS BEFORE TAX) | CURRENT ASSETS | CURRENT LIABILITIES |
|-----------|---------------|--|----------------|------------------------|
| LAST YEAR | | | | |
| YEAR #2 | | | | |
| YEAR #3 | | | | |
| CURRENCY | | | | |

May we have copies of your Company's Balance Sheets and Income Statements for the last three years? YES NO ***radio buttons**

If "YES," please attach. If attached separately, please indicate, "Attached separately." _____

If "NO," please explain. _____ ***text fields**

Section C: DIVERSITY

This section is not to be completed by Canadian Suppliers or by suppliers from Denmark, Finland, Sweden, Norway Italy, France, Spain, Greece, Cyprus, Israel, or Portugal.

Answering this section is voluntary, but if you are a diverse owned supplier and choose not to answer it, TGCS will be unable to take your status as a diverse owned supplier into account in situations where a customer (for example, a Government Agency) or other interested party is looking for diverse supplier participation

As part of our program to monitor diversity within our supply chain, please respond to the following questions

C1. For suppliers located in the United States:

Is your company registered as "diversity-owned" per the criteria defined by the National Minority Supplier Development Council (NMSDC), the Women's Business Enterprise Council (WBENC), or the National Gay and Lesbian Chamber of Commerce (NGLCC)?

YES NO ***radio buttons**

If "YES" please provide the registration date/ data. _____ ***text field**