

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.

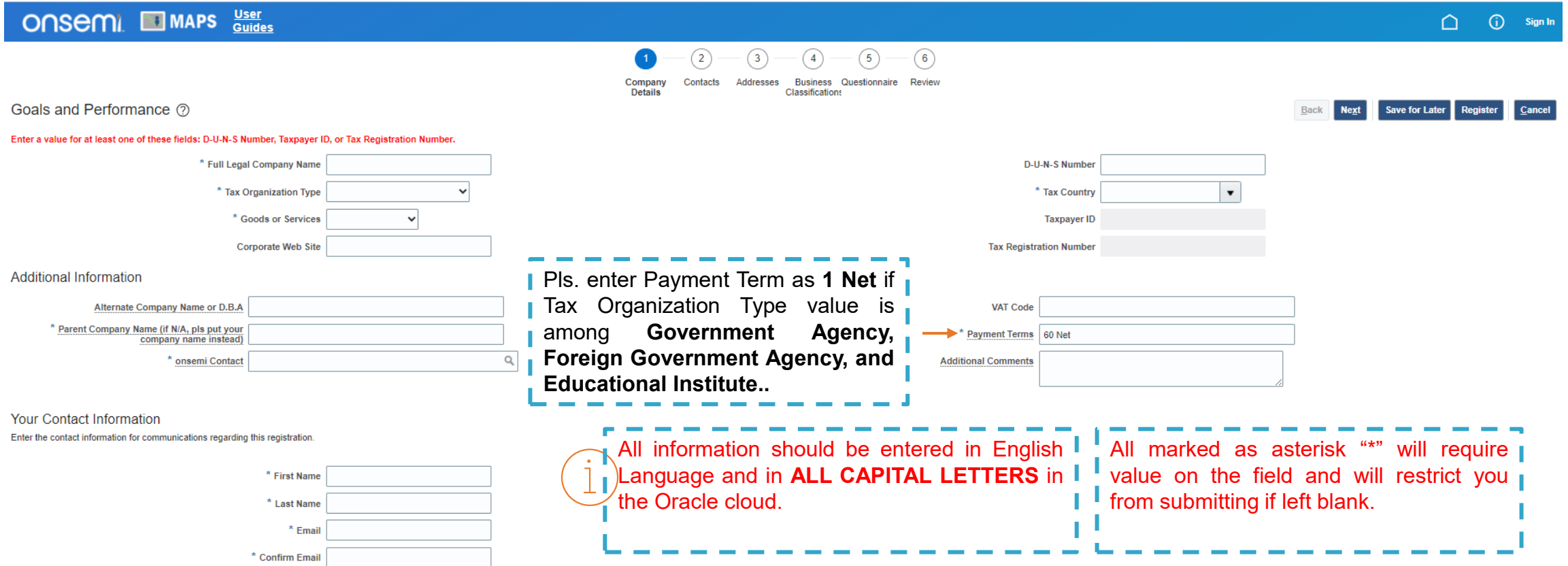
Thank you and we are looking forward to potentially working with you.

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  button.



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

Additional Information

Alternate Company Name or D.B.A.

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

* onsemi Contact

Your Contact Information

Enter the contact information for communications regarding this registration.

* First Name

* Last Name

* Email

* Confirm Email

Annotations:

- Pls. enter Payment Term as **1 Net** if Tax Organization Type value is among **Government Agency, Foreign Government Agency, and Educational Institute..**
- 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.

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.

- 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

Services Supplier
Tax Authority
CHARITY
Goods Supplier
BOARD_MEMBER

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

12

VAT Code

* 13

* Payment Terms

14

Additional Comments



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

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

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	<input type="text" value="Supplier"/>
* Last Name	<input type="text" value="Registration"/>
* Email	<input type="text" value="supplier.registration@new.com"/>
* Confirm Email	<input type="text" value="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.

A row of five buttons: 'Back' (light blue), 'Next' (dark blue with an orange border), 'Save for Later' (dark blue), 'Register' (dark blue), and 'Cancel' (dark blue).

Supplier Registration Form

Contacts

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

Create Contact

Salutation

* First Name

Middle Name

* Last Name

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 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

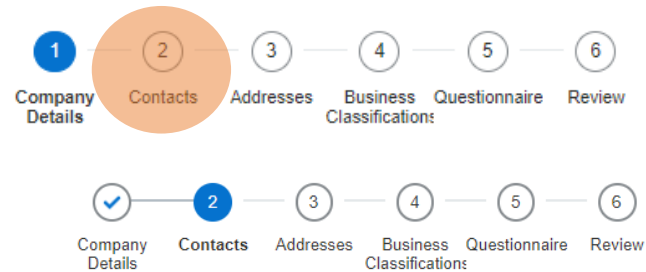
FIELD NAME	DESCRIPTION/ACTION
Salutation	Select from the dropdown list
*First Name	Required field. Enter your First Name
Middle Name	Enter your First Name
*Last Name	Required field. Enter your First Name
Job Title	Enter your First Name
Phone	Enter your phone
Mobile	Enter your mobile
Fax	Enter your fax
*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.



Goals and Performance [?](#)

[Back](#) [Next](#) [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](#) [X Delete](#) [Freeze](#) [Detach](#) [Wrap](#)

Name	Job Title	Email	Administrative Contact	Request User Account	Edit	Delete
Registration, New		new.registration@test.com	✓	✓	Edit	X

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.

Create Address

* Address Name (same as city)

* Address Purpose Ordering
 Remit to
 RFQ or Bidding

* Country

Address Line 1

Address Line 2

* Zip Code

* State

County

* City

Phone

Fax

Email

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

Details Classifications

[Back](#) [Next](#) [Save for Later](#) [Register](#) [Cancel](#)

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

Addresses

Create Address

* Address Name (same as city)

* Country

* Address Line 1

Address Line 2

Address Line 3

* City

State

Postal Code

Address Purpose: Need to check “Ordering” and “Remit to boxes” if the Site is applicable for both or either Purchasing or Remit.

* Address Purpose Ordering
 Remit to
 RFQ or Bidding

Phone

Fax

Email

Additional Information

Alternate Address

Supplier Address fields format may vary depending on your location.

Address Contacts

Select the contacts that are associated with this address.

Actions View Format Freeze Detach Wrap

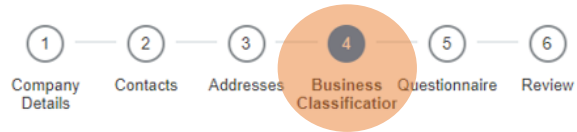
Name	Job Title	Email	Administrative Contact	User Account
Columns Hidden 4				

Create Another

Supplier Registration Form

Business Classifications

- Business Classification is Mandatory for US suppliers. Enter ONLY 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



Goals and Performance ⓘ

[Back](#) [Next](#) [Save for Later](#) [Register](#) [Cancel](#)

Enter at least one business classification or select none applicable.

None of the classifications are applicable

Actions ▾ View ▾ Format **+** **x** Freeze Detach Wrap

- 27 Small Disadvantaged Business
- 77 Service Provider
- A8 Nonprofit Organization
- Hub Zone
- MF Manufacturer of Goods
- Minority Owned
- Service-disabled Veteran Owned
- Small Business
- Veteran Owned
- Women Owned

Subclassification	Certifying Agency	Other Certifying Agency	Certificate	Start Date	Expiration Date	Attachments	Notes
				m/d/yy	m/d/yy	None +	

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
- 4. GENERAL AGREEMENTS
- 5. onsemi POLICY & AGREEMENTS

Supplier
Country is US



Section

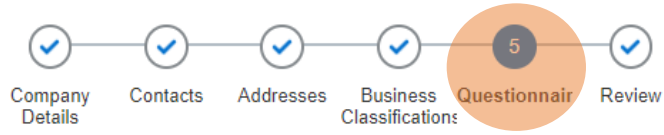
- 1. ELECTRONIC FUNDS TRANSFER - In...
- 2. W-8 FORMS
- 3. GENERAL AGREEMENTS
- 4. onsemi POLICY & AGREEMENTS

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)

 * 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.
- * 4. Alternate Beneficiary Name:
- * 5. Supplier Bank Account Number:
- * 6. Supplier Bank Account Type:
 a. CHECK
 b. ORDINARY
- * 7. Currency of Account:

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):

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

10. Bank Branch Code (if applicable):

* 11. Bank Name:
 A valid Bank is required, do not put N/A

12. Branch Name (if applicable):

* 13. Bank State/Province:

* 14. Bank City:

* 15. Bank Country:

* 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.

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

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

End of Section 2 of 6

Internal Revenue Service (IRS)

Form W-8 (Required for foreign, non-US based companies doing business with onsemi US forms. entities. Respective W-8 form 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).

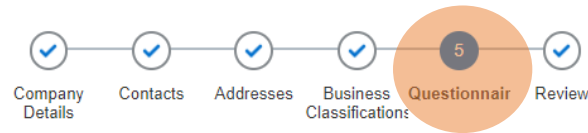
Form W-9 (Required for US based companies doing business with onsemi US entities. onsemi cannot provide tax advice on how to complete the Form W-9. Please consult your tax advisor as appropriate).

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

[Back](#) [Next](#) [Save for Later](#) [Register](#) [Cancel](#)

Questions

W-9 FORMS (Section 3 of 6)

Section
<input checked="" type="checkbox"/> 1. ELECTRONIC FUNDS TRANSFER - US
<input checked="" type="checkbox"/> 2. VENDOR U.S. SALES TAX REGISTRA...
<input checked="" type="checkbox"/> 3. W-9 FORMS
<input type="checkbox"/> 4. GENERAL AGREEMENTS
<input type="checkbox"/> 5. Risk Management Agreement
<input type="checkbox"/> 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
- * Response Attachment: [Test attachment upload](#) [lev +](#)
- b. Forms Not Accepted & Returned

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.pdf](#)

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

End of Section 4 of 6

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

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 ⓘ

Company Details

Company Details

Full Legal Company Name	NEW SUPPLIER	D-U-N-S Number	
Tax Organization Type	Corporation	Tax Country	United States
Goods or Services	Goods Supplier	Taxpayer ID	56282762
Corporate Web Site		Tax Registration Number	45272971

Additional Information

Alternate Company Name or D.B.A		VAT Code	
Parent Company Name (if N/A, pls put your company name instead)	N/A	Payment Terms	60 Net
* onsemi Contact	RSDBA Team - Gatekeeper	Additional Comments	

Attachments

Actions ▾ View ▾ + ✕

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

Back Next Save for Later Register Cancel

6

Company Details Contacts Addresses Business Classification: Questionnaire Review

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

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 ▼ Freeze Detach Wrap



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

Columns Hidden 7

Addresses

View ▼ Format ▼ Freeze Detach Wrap

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 ▼ Freeze Detach Wrap

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

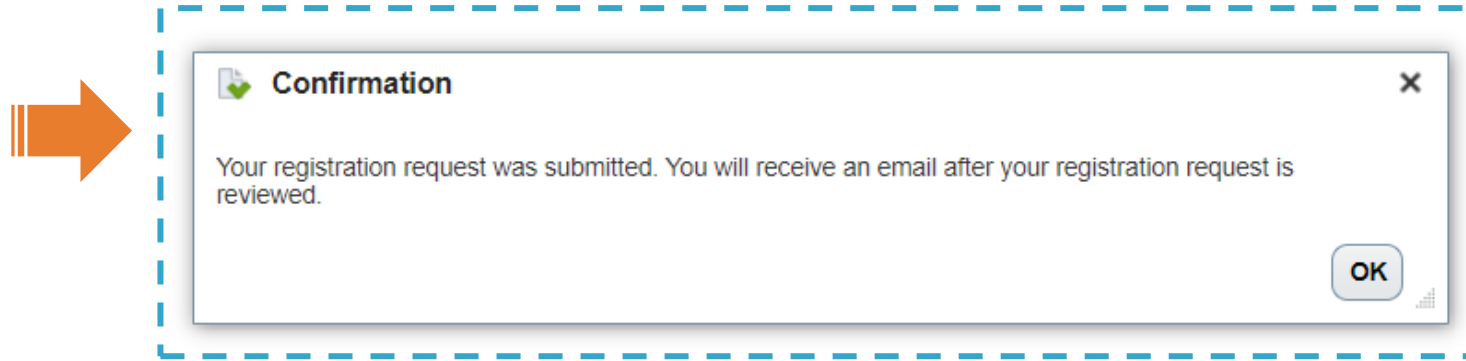
Any discrepancy on the entered information can cause delay on the set-up. Please ensure that all details are accurate and correct.

Questionnaire

Questionnaire Details

What should I do next after submission?

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

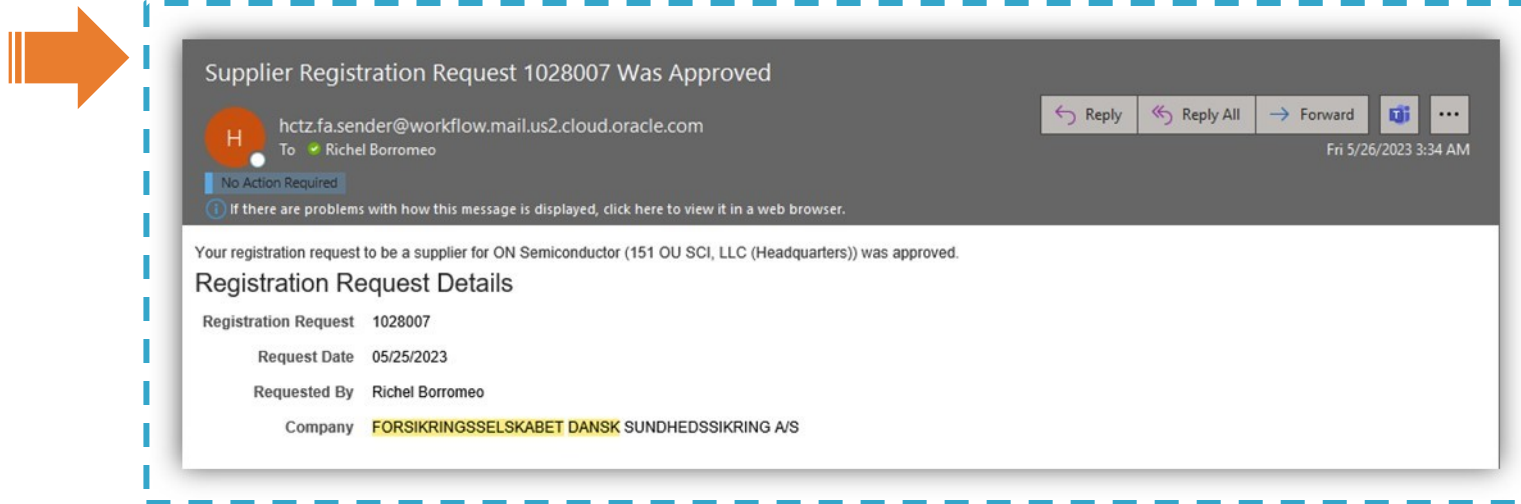


What should I do next after submission?

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..



End of Presentation