

Overview

This User Reference will assist you in completing the Supplier Survey. For best results, please use Internet Explorer to complete the survey.

If you are unable to complete the survey during one session, click on the “Save” button at the bottom of the survey to retain your work. If you require the assistance of others in your organization to complete a portion of this survey, click the “Save” button at the bottom of the survey before forwarding the link.

The survey must be completed in entirety and must not contain blank boxes or “N/A” responses. Additionally, fields containing an asterisk (*) at the end are required fields and must be completed.

All sections and questions must be completed before the survey can be successfully submitted.

Help:

Should you need assistance while completing the survey, please send your question along with a screenshot (if applicable) to **SCM_Contact@jabil.com**.

Supplier Name

1. **Confirm** that the *Supplier Name* is your company name. If this information is not accurate, contact the support team at **SCM_Contact@jabil.com**.



| | |
|------------------------------|----------------------------------|
| Supplier Name: PTLC, INC. | Master Corporate Code: 000001 |
|------------------------------|----------------------------------|

This Survey Completed By

2. **Acknowledge** that you have the authority to answer the survey questions on behalf of your company and provide **your contact information**. Confirm if you are the main contact for Jabil.

Note: Do not use dashes or parenthesis within the phone number.

This survey completed by -

I have the authority to answer this form on behalf of the company (check the box, if "yes").*

First (Given) Name: * Last (Family) Name: *

Job Title: * Email *

Phone Number: * Country Code: No dashes or parenthesis Extension:

Are you the main contact for Jabil? Yes No

Business Partner Information

3. **Verify** if your organization's legal name is correct. If **"No"**, provide the correct legal name.

Business Partner Information

Jabil has a partnership with Dun & Bradstreet (D&B) to maintain partner data. The Dun & Bradstreet Data Universal Numbering System (DUNS) is a unique nine - digit identifier for businesses and is information on global businesses. DUNS registration is done at the site (location) level.

Jabil has the following information on record:

Legal Name: Is this correct? Yes No Please provide the correct legal name:

Indicate if your organization is registered with Dun & Bradstreet (have a DUNS number).

If **"Yes"**, provide your organization's DUNS Registration Number, DUNS Legal Business Name, the Tax ID number and country.



Is this site (location) registered with Dun & Bradstreet? * Yes No

DUNS Registration Number: *

DUNS Legal Business Name: *

Site (Location) Tax ID # and Type:

Tax #: * Country: *

Indicate if your company has a signed agreement containing confidentiality terms or a non-disclosure with Jabil or its subsidiaries.

In the event Suppliers intend to disclose or receive confidential information in anticipation of and/or pursuant to providing products or services to Jabil, Suppliers will enter into a Non-Disclosure Agreement with Jabil prior to disclosing or receiving confidential information. Does your company have an active (non-expired) signed agreement containing confidentiality terms or a non-disclosure agreement (NDA) with Jabil or its subsidiaries? * Yes No

Ownership Information

4. Jabil requires that you provide information about your entity's ownership and control.

Select one of the following ownership types that best describes your organization from the drop down.

Ownership Information

Jabil requires that you provide information about your entity's ownership and control.

Ownership Type:

Is your organization publicly traded? Yes No

Publicly traded is defined as a corporation that has sold shares on a public stock exchange through an initial public offering to the general public.

For the purposes of the following questions, a Blocked Person is defined as an individual who is owned 50 percent or more in the aggregate by one or more Blocked Persons. For example, if Blocked Person X owns 25 percent of the entity, and Blocked Person Y owns another 25 percent of the entity, entity A is considered to be owned 50 percent or more in the aggregate by one or more Blocked Persons. For the purpose of calculating aggregate ownership, the ownership of an entity is aggregated by one or more Blocked Persons if the entity is on the Department's Office of Foreign Assets Control's Specially Designated Nationals and Blocked Persons List (SDN List), is a subsidiary of a Blocked Person, or is a partner, agent, or representative of a Blocked Person.

Is Supplier owned by an individual who is a citizen, resident, or domiciled in, Cuba, Iran, Syria, Sudan or North Korea? Yes No

Is Supplier owned by a citizen, resident, or domiciled in, Cuba, Iran, Syria, Sudan or North Korea? Yes No

Do any of your company's officers, directors, or key employees have ownership or control in a denied party list (Y/N)? * Yes No

Is this company is owned or managed by a government official, agency or state-owned enterprise? Yes No

Ownership types in dropdown: Individual, Corporation, Limited Liability Company, Partnership, Government or int. organization, Tax exempt organization, Other

Publicly traded is defined as a corporation that has sold shares on a public stock exchange through an initial public offering to the general public.

Indicate if your organization is publicly traded.

Ownership Information

Jabil requires that you provide information about your entity's ownership and control.

Ownership Type:

Is your organization publicly traded (a public company)? * Yes No

Publicly traded is defined as a corporation that has sold shares on a public stock exchange through an initial public offering to the general public.

This section provides an example that can help understand how an organization can be identified on a denied party list based on ownership structures.

For the purposes of the following two questions, owned means the entity is owned 50 percent or more in the aggregate by one or more Blocked Person. For example, if Blocked Person X owns 25 percent of the entity, and Blocked Person Y owns another 25 percent of the entity, entity A is



considered to be blocked. This is so because Entity A owns 50 percent or more in the aggregate by one or more Blocked Person. For the purpose of calculating aggregate ownership, the ownership interests of persons blocked under different U.S. Treasury Department’s Office of Foreign Assets Control (OFAC) sanctions programs are aggregated.

Based on the description of what “owned” means, answer “Yes” or “No” to the following related questions. If “Yes”, respond to the additional prompted questions.

Note: There is an option to add more names if needed.

The screenshot shows a survey question: "For the purposes of the following two questions, owned means the entity is owned 50 percent or more in the aggregate by one or more Blocked Person. For example, if Blocked Person X owns 25 percent of the entity, and Blocked Person Y owns another 25 percent considered to be blocked. This is so because Entity A is owned 50 percent or more in the aggregate by one or more Blocked Person. For the purpose of calculating aggregate ownership, the ownership interests of persons blocked under different OFAC sanctions programs are aggregated. Is Supplier owned by an individual or entity listed on the U.S. Treasury Department's Office of Foreign Assets Control's Specially Designated Nationals and Blocked Persons List (SDN List) ("Blocked Person")?"

There are two input fields for "First name:" and "Last name:" with an "Add another" button. Below the fields are radio buttons for "Yes" and "No".

Select “Yes” if the following questions applies to your organization. Provide additional information, if prompted.

Note: Use your cursor to hover over the text to the view definitions.

The screenshot shows a survey question: "Do any of your company's officers or directors appear on any global denied party list (Y/N)?" with "Yes" and "No" radio buttons. Below it is a question: "Is this company is owned or managed by: A government official, agency or state owned entity?" with "Yes" and "No" radio buttons. A tooltip is visible over the text "A government official, agency or state owned entity:" with the text: "To view the definition of a government owned or managed [hover over to reveal text] Government owned or managed entity is defined as any enterprise where a government or government official has significant control through full, majority or significant minority ownership."

Below the questions are input fields for "First (Given) Name:", "Last (Family) Name:", "Job Title:", "Email:", "Phone Number:", "Country Code", and "Extension:". There is also a "Please identify who:" field.

Company Information

5. Provide your organization’s Headquarter Address and telephone number.

Note: Do not uses dashes or parenthesis within the phone number.

The screenshot shows the "Company Information" form with fields for "Head Quarters address:", "Address Line 1:", "Address Line 2:", "Town/City:", "Telephone Number:", "Country Code", "State/Province:", "Postal Code:", "Country:", and "Fax Number:". There is a "No dashes or parenthesis" instruction for the phone number field.

Note: Depending on the information we have on file for your company, you might be prompted to provide additional address information, including the “Order From” and “Remit To” address. If these fields populate, follow step 6. If not, proceed to step 7.



6. Check the box if the “Order From” address is the same as Headquarter address. If it is different, provide the “Order From” address. Check the box if the “Remit To” address is the same as the “Order From” address. If it is different, provide the “Remit To” address.

| | | | |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Check if Order from address is same as HQ Company Location (Site), Order From Address: | | <input type="checkbox"/> Check if Remit to address is same as Order from address Company Location, Remit to Address (if different than order from address) | |
| Address Line 1: | <input type="text"/> | State/Province: | <input type="text"/> |
| Address Line 2: | <input type="text"/> | Postal Code: | <input type="text"/> |
| Town/City: | <input type="text"/> | Country: | <input type="text" value="Country..."/> |
| Country code: | <input type="text" value="Country Code"/> | Fax Number: | <input type="text"/> |
| Telephone Number: | <input type="text"/> | | |

Company Products &/or Services

7. Select the *Services* and *Products* below. Please limit your selections to 3. If your company’s products or services are not listed, click the “Other” box and indicate the type of product or service in the box provided. Use your cursor to hover over the Operation Services area (as depicted below) to see a detailed description.

Company Products/Services

Please select the primary or core products or services your organization provides. For Operations Services, use your cursor to hover over the category to see a description. Please limit selections to 3.

| | | |
|------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Information Technology / Software | <input type="checkbox"/> Cleaning Services | <input type="checkbox"/> Food / Canteen Services |
| <input type="checkbox"/> Human Labor / Manufacturing Labor | <input type="checkbox"/> Waste / Refuse Management | <input type="checkbox"/> Landscaping / Ground Maintenance |
| <input type="checkbox"/> Safety / Security Services | <input type="checkbox"/> e-scrap / e-waste / Recycling | <input type="checkbox"/> Bus / Taxi Transportation Services |
| <input type="checkbox"/> Office Supplies | <input type="checkbox"/> Light Carrier / Logistics | |

Security Services covers all those service providers who support Jabil with:

- security guards on site
- guards at the gates
- security on special events
- does not cover security system (hardware and software) related services like CCTV, badge reader, etc.

| | | |
|-----------------------------------------------------------------|----------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Component Manufacturer | <input type="checkbox"/> Tools / Tooling | <input type="checkbox"/> Cutter / Cutting Tool |
| <input type="checkbox"/> Manufacturing Sub-Contractor | <input type="checkbox"/> Solder / Flux / Adhesives | <input type="checkbox"/> Other |
| <input type="checkbox"/> Distributor / Broker / Trading Company | <input type="checkbox"/> Brackets / Fixtures / Jig | |
| <input type="checkbox"/> Lubricants / Oil / Cutting Fluid | <input type="checkbox"/> Packaging | |

Company Contact Information

8. If you are not the best contact for the functional areas listed, provide the best contact (highest-level person responsible for the related category) for any follow-up questionnaires your company may receive from Jabil. Hover over the contact type for the definition.

Note: Do not use dashes or parenthesis within the phone number.

Company Contact Information

Because the services you provide are of critical importance to Jabil, we may ask you to respond to additional questionnaires. The list below provides recommended contact types. Use your cursor to hover over the contact type name for the roles below. The contact should be the highest - level person responsible for related category.

| | | | | |
|----------------------------------------|----------------------|----------------------|----------------------|----------------------|
| Functional representative: | Email: * | First Name: * | Last Name: * | Job Title: |
| Locations/Facilities | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Account Management/Sales | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| AR / Billing | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Quality Or Customer Service | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Materials Compliance | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Logistics/Trade Compliance | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Social/Environmental Compliance | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |



Company Financial Information

9. **Indicate** if your company financial statements can be provided and if the statements have been audited within the last 12 months.

Company Compliance

Jabil Supplier Code of Conduct

10. Jabil is committed to ethical business conduct and the highest standards in social and environmental responsibility.

Jabil expects its suppliers to operate in accordance with Jabil’s Supplier Code and the RBA Code of Conduct, which include provisions covering responsible management in labor, health & safety, environment, and ethics.

Note: Please review the Jabil Supplier Code of Conduct and the RBA Code of Conduct.

Is your organization committed to meet this expectation?

Select “**Yes**” if you company can meet this expectation. If “**No**”, provide an explanation in the space provided.

Select “Yes” if the following questions applies to your organization. Provide additional information, if prompted.



Supplier represents that it supports Jabil's Supplier Code of Conduct and will actively support conformance by establishing an ongoing awareness program with sufficient internal controls to facilitate discovery of improper conduct.

Do you agree to adhere the above criteria? Yes No

Jabil has a requirement for their Suppliers to obtain and maintain insurance policies as stated within the purchase order [insert link to PO terms and conditions] or the contractual agreement. Supplier will provide certificates of insurance with

Do you agree to adhere the above criteria? Yes No

Do you, any of your family members, or anyone listed in the contacts above, have any close personal relationships with or are related to anyone who is an employee of Jabil or any of its divisions? If "Yes", please provide the Jabil employee's name, department, and job title: *

Jabil Employee First and Last Name: *

Department: *

Job Title: *

Jabil Email (If known):

Have any of the main contacts listed above, and/or the owner or officers, ever been employed by Jabil or any of its affiliates? * Yes No

Employee Name * Start date of employment: End date of employment: Job Title Location/Region/Division

Company IT and Cyber Security Details

11. Interacting with a Jabil information system, resource or service either physically or remotely, with the intention of using its data and/or information.

Answer the IT and Cyber Security questions regarding connecting to the Jabil Network. **If "Yes"**, provide the additional information that is prompted.

Note: Use your cursor to hover over the text to view definition of Jabil Information systems.

Company IT & Cyber Security Details

Will your Organization, now or in future, connect to Jabil network or Jabil systems? * Yes No

Note: Interacting with a Jabil information system, resource or service either physically or remotely, with the intention of using its data and/or information.

To view the definition of Jabil Information systems [Hover over to reveal text]

Will your organization, now or in future, collect, receive, process, transmit, or maintain data from Jabil as part of your business activities (i.e. manufacturing processes, intellectual property, customer information, etc.)? * Yes No

Is there anyone at your site (location) who is responsible for information security policies, processes and / or an overall security strategy? * Yes No

Your organization may be required to complete an additional survey for IT cyber security. Please provide the contact that should respond to this survey:

First (Given) Name: * Last (Family) Name: *

Job Title: * Email: *

Phone Number: * Country Code: No dashes or parentheses Extension:

Survey Submission



12. Submit the survey

Once complete, please submit.
Your responses to this profile survey will not be shared outside of Jabil; the information provided is for internal purposes only.

*Note: After submitting the survey, you may see a  symbol next to a question. **This symbol denotes that a question has not been answered.** Please provide the necessary information and submit again.*

Once the survey is successfully completed, you will receive this message.

Thank you for completing the survey. As a valued partner of Jabil you may be receiving additional requests for information.

