NEW VENDOR REQUEST / VENDOR INFORMATION CHANGE

This form is to be used when an employee, with purchasing capacity and authority, has identified a New Vendor for the best of Norwegian Cruise Line Holdings Inc. New Vendor Request and Vendor Information Change require approval of Accounts Payable Department. Please contact the Accounts Payable Department if you require assistance with this form.

| GENERAL INFORMATION | | | |
|--|--|--|---|
| O New Vendor | Existing Vendor | Date Of Request | 08/09/2016 |
| VENDOR INFORMATION | | | |
| Company Name Tax ID Number Contact Name Contact Title E-mail | | Address Phone Number Website | 12 |
| BUSINESS PURPOSE | | | |
| Swift Code | s by ACH or wire transfer, p s by wire transfer, please pro II de by ACH or wire transfer, company letterhead? | | nformation: |
| For U.S.vendors only | if the vendor's company) | 0 10 | © NO |
| Is IRS Form W-9 attached? | ○ Yes | No | |
| | Prepared | | Department: |
| I hereby certify that, to the best o Vendor Information be approved | | information is accurate and request that | nt New Vendor or Change of Existing |
| Approved by: | | Date: | |
| Signature: | | | |
| Fill out form online, print and ret Department if you require assista | nce with this form. | | artment.Please contact Accounts Payable |
| RESERV | ED FOR ACCOUNT PAYABLE | E SUPERVISOR AND AUTHORIZED TREA | ASURY ONLY |
| ○ Yes ● N | No A 'Yes' answer is reandor address checked agains | o ensure that an active vendor account quired prior to sign-off by A/P Superv st employee master file to ensure payr quired prior to sign-off by A/P Superv | isor. nent is not routed to an employee |
| Reviewed by(A/F | Supervisor): | | Date: |
| Signature: | | | |
| Was new vendor created in Peop | ole Soft? | | |
| ○ Yes ● N | o A 'Yes' answer is requ | uired prior to final sign-off by A/P Sup | ervisor. |
| Reviewed by(A/F | Supervisor): | | Date: |
| Signature: | [| | |
| Reviewed by(Aut | horized Treasury): | | Date: |
| | | | |