

Supplier modification form



* Required Fields

Please only enter the sections that should be updated.
Only electronically filled forms will be accepted.

Instructions:

- Enter your contact details as you are the requestor.
- Identify the supplier account you want to modify.
- Indicate the type of modification you want to request.
- Find the appropriate modification type section and specify the details.
- Attach the completed form and any supporting documentation to your inquiry via this link:
enbridge.service-now.com/csm (for both internal Enbridge personnel or external suppliers).

**If the type of modification you are trying to make does not appear on this form, then no form is needed and you can send in your request directly to the links listed above.*

Requestor information

* Name	* Position	
* Company	* Email address	* Telephone number

Identify supplier account to be modified

* The "Bill To" Enbridge Entity (or specify the ERP: Oracle Cloud, R12, SAP East)	Supplier number:

If the supplier number is unknown, provide the following information:

Operating name (Name as it appears on the invoice)	Legal name (If different from operating name)			
Address	City	Province/State	Country	Postal code/Zip code

Modification type (select all that apply)

<input type="checkbox"/> Name	<input type="checkbox"/> Address	<input type="checkbox"/> Add new remittance address
<input type="checkbox"/> Email address for payment remittance	<input type="checkbox"/> Contacts	<input type="checkbox"/> Tax information

Important: Once you've selected the modification type, complete the modification specifics in the appropriate section below.
Only complete the sections related to your modification request.

Name

Previous	
* Operating name (Name as it appears on the invoice)	Legal name (If different from operating name)
New	
* Operating name (Name as it appears on the invoice)	Legal name (If different from operating name)

* Supporting documentation requirements:

- Provide a letter disclosing the name change,
 Yes No
If yes, provide the new tax document and complete the Tax section below.
- Has the W8/W9 tax information changed?
 Yes No
If yes, complete the Tax section below.
- Has the GST tax number changed?
 Yes No
If yes, complete the Tax section below.

Address

Previous				
Address	City	Province/State	Country	Postal code/Zip code
Email address	Phone number			
New				
Address	City	Province/State	Country	Postal code/Zip code
Email address	Phone number			

Add new remittance address to existing supplier account

* Operating Name (Name as it appears on the invoice)	Legal Name (If different from Operating Name)			
Address	City	Province/State	Country	Postal code/Zip code
Email address	Phone number			

Supporting documentation requirement:

If the supplier name is different than the supplier name identified at the top of the form, a letter disclosing an affiliation is required.

Email address for emailed payment remittance details

Previous

Email Address

New

Email Address

Note: A payment remittance email address will only be added to the supplier account if the supplier account is already setup for electronic payment. If you are only adding a new email address, you may insert it in the "New" field and leave the "Previous" field blank.

Contact details on supplier account

<input type="button" value="Remove"/>	<input type="button" value="Add"/>
Name	
Contact Position	
Telephone Number	
Email Address	

<input type="button" value="Remove"/>	<input type="button" value="Add"/>
Name	
Contact Position	
Telephone Number	
Email Address	

Tax information

Supporting documentation requirement:

If the W8/W9 tax form has changed you must provide a copy of the new tax form.

Residency

* Supplier Legal Business Name (identified above) is a resident of:
(Please specify the country of business is registration)

Previous	New
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Tax identification

Canada (GST/HST registration number)

Previous	New
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United States (Tax Identification Number (TIN): FEIN or SSN)

Previous	New
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The "Bill To" Enbridge Entity Name

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New status and supporting documentation requirements

Resident of	Work for or paid by	Required supporting documents for compliance to Canadian and US tax law
Not the United States	Enbridge entity in the United States	<p>For suppliers that are not residents of the United States, either providing goods and services to an Enbridge location in the US or expecting to be paid by a US Enbridge entity, regardless of the location of goods or services provided.</p> <p>Please fill out the Taxability Assessment questionnaire below.</p> <p>If you have answered "NO" to all questions 1 through 4, you are exempt from having to provide a W8 form.</p> <p>If you have answered "YES" to any of questions 1 through 4, you are required to provide:</p> <ol style="list-style-type: none"> 1. Complete the Form W-8 Questionnaire on Page 3, and * See IRS website instructions and help. Click here. 2. Provide a copy of the W8 form. <ul style="list-style-type: none"> • W-8BEN-E (for entities). Click here. • W-8BEN (for individuals). Click here. • W-8IMY (Certificate of Foreign Intermediary, Foreign Flow-Through Entity, or Certain U.S. Branches for United States Tax Withholding and Reporting). Click here. • W-8ECI (Certificate of Foreign Person's Claim That Income Is Connected effectively with the Conduct of a Trade or Business in the United States). Click here.
United States	Enbridge entity in Canada or United States	<p>For all suppliers that are residents of the United States regardless of the location of work performed. You are required to provide a</p> <ul style="list-style-type: none"> • W-9. Click here.

Taxability assessment

1. Are you a US entity/person? Yes No
2. Do you perform services in the US? Yes No
3. Do you expect to perform services in the US? Yes No
4. Do you anticipate services performed for Enbridge will be in the US? Yes No
5. Do you agree to inform Enbridge if any of your answers above change in the future? Yes No

Taxability assessment

*Required if providing Form W8

(Applies to residents outside the United States working for or paid by an Enbridge entity in the United States)

Type of income	Source or determining factor	Location		
		Within US	Outside US	Both
Sale of Goods	Where sold or delivered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service Fees (also indicate type and duration of services)	Where physically performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rent of real and movable properties (equipment or building)	Where property is used or located	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest on obligations including penalties for customer/client late remittances	Location of payers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dividends	Issuer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	Where income is derived	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Submission instructions

Please save this form as a PDF and submit it via the link listed above. Kindly include each of the documents below,

- Completed supplier modification form
- Tax documentation (if required)
- Letter confirming the change (if required)
- Any other supporting documentation

Non-Compliance to include the requested documents could result in a significant processing delay.

For any form related questions, please contact the AP Helpdesk at 1-855-252-1066.