

Remote Registration Form

Instructions for Pfizer Colleague sponsoring a remote Resource:

- 1. This form should only be used for a colleague or contractor resource who is <u>not able</u> to register in person at a <u>Pfizer location</u> or with a vendor's trusted registrar. Every effort should be made to register in person before using this form.
- 2. Have the resource complete this form and return to you.
- 3. Turn in the completed form to your local Security desk or the designated Registrar at your location.

Instructions for Resource:

- 1. Please complete this form, sign and date. All fields are required.
- 2. Attach a copy of a Government-issued photo ID.
- 3. Return form to the Pfizer Colleague who is sponsoring your engagement.

Remote Registration Full Name:				
Last		First	M.I.	Suffix
Date of Birth: (Month & Day only)	Month	/ 		
National ID Country:		•	_	
National ID Type:			—— (S <u>o</u> cial Security Nu	ımber, National Insurance Nur
Last 4 of National ID*: *National ID data is required for all countries	s where it is legal to co	ollect such information		
Please attach to this form a NOTE: Mark through any persona identification country, and the last Signature:	l information othe	r than the photo, birth day		ation type,
Date:				