

Contracted Resource Remote Registration Form

Instructions for Pfizer Colleague sponsoring a remote Contracted Resource:

- 1. This form should only be used for a Contracted Resource who is <u>not able</u> to register in person at a <u>Pfizer location</u> or with a <u>vendor's trusted registrar</u>. Every effort should be made for this Contracted Resource to register in person before using this form.
- 2. Have the Contracted 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 Contracted 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.

	Contracted Resource Remo	te Registration		
Full Name: Maha	apatro F	sagar First	M.I.	Suffix
Date of Birth: (Month & Da	y only) <u>0</u> <u>8</u> / <u>0</u> Month Day	5		
National ID Type: (Select	one) Social Security Number			
National ID Country: _ Inc	lia———			
Last 4 Digits of National ID): <u>7</u> <u>0</u> <u>-9</u>	<u>6</u>		
Please attach to this	form a copy of a Government	-issued photo ID.		
	A			
Signature:	gan Kahapatro	7		
Date: 14/03/	2017			

Completed form should be destroyed immediately after use as it may contain potentially sensitive information.