

**Foreign Individual/Entity  
Certification of Address for Vendor Set-up**

Assigned Vendor Number: \_\_\_\_\_

Eden Routing Number: \_\_\_\_\_

Name of Payee: \_\_\_\_\_

Address of Payee (**do not use department address**): \_\_\_\_\_

City of Payee: \_\_\_\_\_

Country of Payee: \_\_\_\_\_

Postal Code of Payee: \_\_\_\_\_

The undersigned hereby certifies that the information listed above is true  
and correct as of the date of the undersigned signature below.

Vendor Signature: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

Department Name: \_\_\_\_\_

Department Contact Name: \_\_\_\_\_

Department Contact Phone #: \_\_\_\_\_

**Documentation Required Prior to Payments to Foreign Individuals/Entities**

Copies of the following documents will be required prior to approval of payments to Foreign Individuals. Documents should be sent attached to DV, PO, or Paper DV to FMS, Poplars, Room 509.

1. W8BEN
2. Visa
3. Passport
4. I-94

Required for Foreign Entity prior to approval of payments:

1. W8BEN

**Conditional Documentation:**

1. If requesting treaty benefits for Compensation for Services, Wages, Honorarium:

- Form 8233
- Social security number
- IU sponsoring document (I20 or DS2019 )

2. If NRA is from Canada:

- Copy of picture ID

3. If NRA is B1, B2, WB or WT:

- Compliance Statement