**SCIENCE APPLICATIONS INTERNATIONAL CORPORATION - Instructions for completion of Vendor Master Data Template**

Completion of this form is required to establish a company as an authorized vendor in SAIC’s Procurement System. Purchase orders (PO’s) and related payments cannot be issued to a vendor unless this form has been completed by the vendor and processed by SAIC’s Accounts Payable Department (A/P). Once a company has been identified as a new vendor, an SAIC Buyer will forward this form to the vendor for completion. Once completed, the form should be returned to the SAIC Buyer who will verify accuracy and completeness of the data and then forward to the SAIC A/P. If you have any questions about this form, please contact your SAIC Buyer. Please note all fields indicated below must be completed or the form will be returned to the vendor for completion. Some fields on the form are optional.

Data requirements for each field on the Vendor Master Template are as follows:

Requesting SAIC Buyer Name - Required - First and last name of SAIC buyer to be completed by SAIC buyer before forwarding the form to the new vendor

Buyer Phone Number - Required - Phone number of SAIC buyer to be completed by SAIC buyer before forwarding the form to the new vendor

Buyer Fax Number - Required - Fax number of SAIC buyer to be completed by SAIC buyer before forwarding the form to the new vendor

Ariba/ANID - if the vendor is a member of the Ariba Supplier Network, please check the “Ariba” box and have the vendor provide their Ariba Network ID (ANID) number.

SALES OFFICE ADDRESS SECTION (for mailing/correspondence related to PO’s) - NOTE: All fields from this point on are to be completed by new vendor. Full Legal Name of Business (Costpoint field “Name and long name”) - Required - Enter full legal business name as shown on social security card or

business name as it was used to apply for Employer Identification Number

Street Address/City/County/State/Country/Zip Code (Costpoint fields “Street”, “City”, “State, “Country” and “Postal Code”) - Required - Indicate mailing address for all correspondence related to PO’s

Phone Number (Costpoint field “Phone number”) - Required - Please provide phone number to be used if SAIC has any Purchase Order-related question

REMITTANCE ADDRESS SECTION (for mailing/correspondence related to Payments) - Required only if remittance will be made to an address different from the Sales Office Address indicated in section above. If remittance is to be made to a company with a different social security number or federal tax ID number, a separate Vendor Master Data Template must be completed.

SBA CERTIFIED/HUBZONE ELIGIBLE – if yes, check box.

SOCIO-ECONOMIC STATUS (Costpoint field “Classification”) - Required - Indicate socio-economic status of vendor based on Standard Industry Classification (SIC) or Merchant Category Code (MCC). The socio-economic code is used in complying with the acquisition related sections of the Small Business Act, Armed Services Procurement Act, and the Federal Property & Administrative Services Act. Small business size standards are applied by classifying the product or service being acquired in the industry whose definition, as found in the SIC Manual, best describes the principal nature of the product or service being acquired; identifying the size standard in the solicitation, so that offeror can appropriately represent themselves as small or large. The vendor’s accounting or contracts department can assist with determination of proper socio-economic status.

TERMS OF PAYMENT (Costpoint field “Payment Terms”) - Required - Provide standard payment terms that will appear on invoices related to SAIC PO’s. If left blank, SAIC will assume that your company’s terms of payment are net 45 days.

REQUEST FOR TAXPAYER ID NUMBER & CERTIFICATION (Substitute W-9) - Required

Enter your Taxpayer Identification Number (TIN) in the appropriate section (Costpoint fields “1099 Button”). For individuals/sole proprietors this must be a Social Security Number. For partnerships and corporations, this is an EIN. If your organization does not fall under these four categories, please describe your organization type and provide an EIN.

Printed Name of Authorized Vendor Representative – Required - Please print name of person signing form below

Signature & Certification of Substitute W-9 Information – Required - Authorized Vendor Representative is required to sign the completed Vendor Master Data Template Form to 1) certify that the data shown on the Vendor Master Data Template is accurate, 2) certify that you are not subject to backup withholding, 3) to claim exemption from backup withholding if you are an exempt payee, and 4) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Payments you receive will be subject to backup withholding if: a) you do not furnish your TIN, b) the IRS tells SAIC that you furnished an incorrect TIN, c) the IRS tells SAIC that you are subject to backup withholding, d) you fail to certify that you are not subject to backup withholding, or e) you fail to certify the accuracy of the TIN provided.

Exemption from FATCA reporting code:The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

A — An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B — The United States or any of its agencies or instrumentalities

C — A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities

D — A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)

E — A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)

F — A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G — A real estate investment trust

H — A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I — A common trust fund as defined in section 584(a) J—a bank as defined in section 581

J — A bank as defined in section 581

K — A broker

L — A trust exempt from tax under section 664 or described in section 4947(a)(1) M—a tax exempt trust under a section 403(b) plan or section 457(g) plan

M — A tax exempt trust under a section 403(b) plan or section 457(g) plan

Printed Name of Authorized Vendor Representative – Required

Signature of US Person & Certification of Substitute W-9 Information – Required

Date of Signature – Required

Completed and signed form should be emailed or faxed by the vendor to the SAIC Buyer who sent the form.