

MDM VENDOR MASTER REGISTRATION TEMPLATE FOR INSTITUTIONAL VENDORS

There are mandatory fields missing for the creation request.
Complete the fields in red background before submission!

VENDOR INFORMATION

1. Request information	3. Name/Address
Business Area of LFP ... Select	Company Name
Request type Create	Search Term
Vendor Number (mandatory for Update/Block/Unblock)	House number
Vendor Account Group ... Select	Street
Prepayment enabled ... Select	Zip / Postal code
UNGM Number	City
Purpose of vendor ... Select	Country ... Select
	Region ... Select
2. Contact	
Telephone	
Mobile Telephone	
Fax	
Name of Contact	
Contact person's E-mail Address	
E-mail Address (Payment advice)	
WEB Site	TAX ID #

Banking Information

Please provide proof of Bank Account - copy of cancelled check or bank statement or bank letter

4. Bank Account Information	
Account Type ... Select	
Vendor's Bank Account Number	
Account holder's name	
IBAN	
Bank Account Currency ... Select	
5. Bank Information	
Name of Bank	
Bank Key	
Bank Country ... Select	
Account is Add or Replacement ... Select	

Only visible for Implementing Partners - Vendor Account Group PRG2

Partner Type ... Select	Vendor Assessment (per new procedure) (link to the link below) Risk of Practice Assessment against Core Values (mandatory for National CSO, Community Based Organisation and Academic Institution) (link to the link below)
Civil Society Organization Type (if it's CSO) ... Select	Type of Assessment as per RACT Procedure ... Select
Risk Rating of Protection from Sexual Exploitation and Abuse (PSEA) Assessment (link to the link and write name of parent org below)	Risk Rating of Protection from Sexual Exploitation and Abuse (PSEA) Assessment ... Select
UN & Bi-Multinational Org (link the link and write name of parent org below)	Permitted Payer Vendor Number (if applicable)
Name of Parent Organisation (mandatory for National/Multinational, UN Agency and International CSO)	House Base
Date of Protection from Sexual Exploitation and Abuse (PSEA) Assessment (mandatory for National CSO, Community Based Organisation and Academic Institution) (link to the link and write)	Payment method ... Select
Risk Rating of Protection from Sexual Exploitation and Abuse (PSEA) Assessment ... Select	

Only visible for Block Request Type

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Additional Instructions or Remarks	
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Prepared by (Name/Section) :	
Approved by (Name/Section):	

GSSC Agent Use Only

Agent	
Case Number	
Payment method BCLNTU	
Payment Terms Z120 Within 30 days Due net	Effective start date 2020-03-12