

# MDM VENDOR MASTER REGISTRATION TEMPLATE FOR INSTITUTIONAL VENDORS

Request Type (Create/Update/Unblock/Block) must be provided to submit the request!

## VENDOR INFORMATION

<b>1. Request information</b>	<b>3. Name/Address</b>
Business Area of LFP	Company Name
Request type	Search Term
Vendor Number (mandatory for Update/Block/Unblock)	House number
Vendor Account Group	Street
Prepayment enabled	Zip / Postal code
UNGM Number	City
Purpose of vendor	Country
	Region
<b>2. Contact</b>	
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

<b>4. Bank Account Information</b>	
Account Type	
Vendor's Bank Account Number	
Account holder's name	
IBAN	
Bank Account Currency	
<b>5. Bank Information</b>	
Name of Bank	
Bank key	
Bank Country	
Account is Add or Replacement	

## Only visible for Implementing Partners - Vendor Account Group PRG2

Partner Type	Select	Date of Assessment (as per RMCY procedure) (Date Format: DD-MMM-YYYY)	
Civil Society Organization Type (if it is CSO)	Select	Date of Partner Assessment against civil society (Mandatory for National CSO, Community Based Organization and Academic Institution) (Date Format: DD-MMM-YYYY)	
How Parent and child are connected (select one of the following)		Type of Assessment as per RMCY Procedure	... Select
UN & Bi-Multilateral Org. (Click this link and write name of parent org below)		Date listing (as per the type of assessment or other info) using format as per RMCY procedure	... Select
Name of Parent Organization (Mandatory for National/Multilateral, UN agency and International CSO)		Permitted Payer Vendor Number (if applicable)	
Date of Protection from Sexual Exploitation and Abuse (PFSEA) Assessment (Mandatory for National CSO, Community Based Organization and Academic Institution) (Date Format: DD-MMM-YYYY)		House Bank	
Date listing of Protection from Sexual Exploitation and Abuse (PFSEA) Assessment	Select	Payment method	... Select

## Only visible for Block Request Type

Reason	Please provide the reason
	... Select

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	2022-01-06