

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 Request type | 0840 - Chile Create | Company Name | |
| Vendor Number (mandatory for Update/Block/Unblock) | | Search Term | |
| Vendor Account Group | ZFV Field Office Vendors | House number | |
| Prepayment enabled | Yes | Street | |
| UNGM Number | | Zip / Postal code | |
| Purpose of vendor | Corporate Contract | City | Santiago |
| | | Country | 084 Chile |
| | | 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 | 01 - Current/Checking account | | |
| Vendor's Bank Account Number | | | |
| Account holder's name | | | |
| IBAN | | | |
| Bank Account Currency | CLP Chilean Peso | | |
| 5. Bank Information | | | |
| Name of Bank | | | |
| SWIFT Code | | | |
| Bank Country | 084 Chile | | |
| Account is Add or Replacement | Add Additional Account | | |

Only visible for Implementing Partners - Vendor Account Group PRG2

| | | | |
|--|--------|--|------------|
| Partner Type | Select | Date of Assessment (as per RFP procedure) (Date Format: DD-MM-YYYY) | |
| Civil Society Organization Type (if Civil CSO) | Select | Date of Partner Assessment against civil status (Mandatory for National CSO, Community Based Organization and Academic Institution) (Date Format: DD-MM-YYYY) | |
| Has Parent and child (for civil and for national CSO only) | | Type of Assessment as per RFP 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) (only valid for the Reporting) | ... Select |
| Name of Parent Organization (mandatory for National/Multinational, UN agency and International CSO) | | Permitted Payer Vendor Number (if applicable) | |
| Date of Protection from Sexual Exploitation and Abuse (PSEA) Assessment (Mandatory for National CSO, Community Based Organization and Academic Institution) (Date Format: DD-MM-YYYY) | | House Bank | |
| Date listing of Protection from Sexual Exploitation and Abuse (PSEA) Assessment | Select | Payment method | ... Select |

Only visible for Block Request Type

| | | | |
|---------------|--|----------------------------------|------------|
| Reason | | Please provide the reason | ... Select |
|---------------|--|----------------------------------|------------|

| | |
|---|--|
| Additional Instructions or Remarks | |
|---|--|

| | |
|-------------------------------------|--|
| 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 | 2022-05-13 |