MDM VENDOR MASTER REGISTRATION TEMPLATE FOR INSTITUTIONAL VENDORS

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

VENDOR INFORMATION

1. Request information		3. Name/Address	
Business Area of LFP	1410 - Ethiopia	Company Name	
Request type		Search Term	
Vendor Number (mandatory for Update/Block/Unblock)		House number	
Vendor Account Group		Street	
Prepayment enabled	No	Zip / Postal code	
UNGM Number		City	
Purpose of vendor		Country	141 Ethiopia
		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	Date of Assessment (as per HACT procedure) Date Format: DD.MM.YYYY	
Civil Society Organisation Type (if it is CSO)	... Select	Date of Positive Assessment against zero value [mandatory for National CSO, Community Based Organisation and Academic Institution] Date Format: DD.MM.YYYY	
		Type of Assessment as per HACT Procedure	... Select
INGO Parent List [Click this link and write name of parent org below]		Risk Rating (in case the Type of Assessment is Others, risk rating cannot be Not Required)	... Select
UN & Bi-Multilateral Org [Click this link and write name of parent org below]		Permitted Payee Vendor Number (if applicable)	
Name of Parent Organization [mandatory for Bilateral/Multilateral, UN Agency and International CSO]		House Bank	
Date of Protection from Sexual Exploitation and Abuse (PSEA) Assessment [mandatory for National CSO, Community Based Organisation and Academic Institution] Date Format: DD.MM.YYYY		Payment method	... Select
Risk Rating of Protection from Sexual Exploitation and Abuse (PSEA) Assessment	... Select		

Only visible for Block Request Type

Action		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	2026-02-26