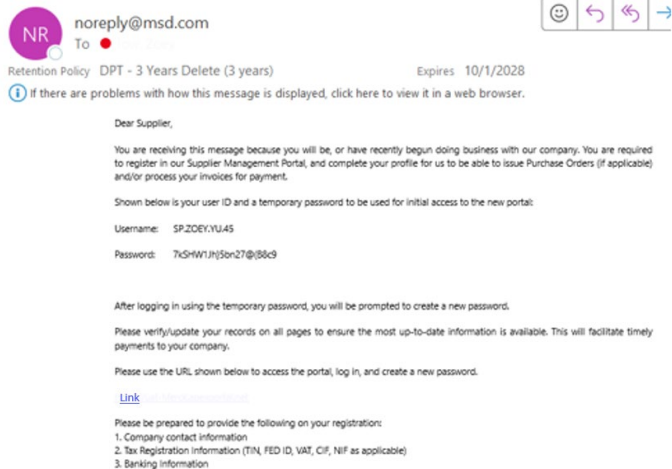




Creazione di un nuovo account fornitore nel portale Apex

Per effettuare transazioni con la nostra azienda, è necessario completare il processo di registrazione sul portale fornitori. Un account fornitore può essere creato seguendo i seguenti passaggi:

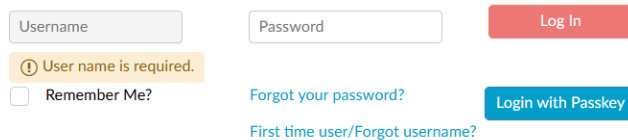
MSD - Onboarding of the Vendor



The screenshot shows an email from noreply@msd.com to a user. It contains a welcome message, a temporary password (SP2OEYU45), and a link to access the portal. The email also mentions a retention policy and a deadline of 10/1/2028.

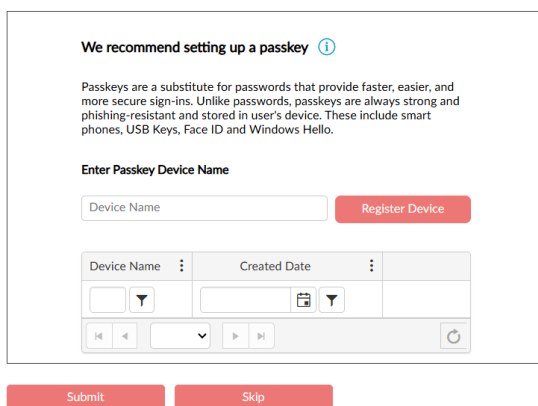
Accedi al link di invito ricevuto da noreply@msd.com con il titolo “**MSD - Onboarding del fornitore**”.

Verranno forniti un nome utente e una password temporanea per accedere. Dopo il **primo accesso**, è necessario aggiornare la **password**.



The screenshot shows a login form with fields for Username and Password. There is a 'Log In' button and a 'Remember Me?' checkbox. Below the password field, there are links for 'Forgot your password?' and 'First time user/Forgot username?'. A 'Login with Passkey' button is also visible.

Accedi con il **nome utente** e la **password temporanea** forniti.



The screenshot shows a screen titled 'We recommend setting up a passkey'. It explains that passkeys are a substitute for passwords and are more secure. There is a section 'Enter Passkey Device Name' with a 'Device Name' field and a 'Register Device' button. Below this is a table with columns 'Device Name' and 'Created Date'. At the bottom, there are 'Submit' and 'Skip' buttons.

Opzionale:

Si consiglia di configurare una chiave di accesso per accessi rapidi e sicuri. Puoi anche scegliere di saltare questo passaggio per ora.



Login Authentication Code

 noreply@msd.com
To: [User]
Retention Policy: DPT - 3 Years Delete (3 years) Expires: 9/8/2028 2:01 PM

Dear User,

We observed a log on from a new device or browser. If this was not you, please change your password account.

For your security you can authorize the device with the below six-digit Authentication Code for login to the Portal.

Authentication Code: 563798

You may get this email again if you sign in from a new device or browser, clear your cookies, or you use a new email address.

If you have any questions, please contact the Help Desk at noreply@msd.com or by phone at [Number].

System Administrator

Riceverai un'email con il codice di autenticazione per l'accesso da noreply@msd.com.

Step: 1

Please enter authentication code received in your email

Email authentication code: [Resend Authentication Code](#)

[Submit](#)

Step: 2

Please configure the Security Questions

You can change the question from the dropdown

What was your childhood nickname?

What school did you attend for sixth grade?

What is your pet's name?

In what city or town was your first job?

What was the color of your first car?

Inserisci il codice a 6 cifre nel Passaggio 1 e assicurati che tutte le domande di sicurezza (Passaggio 2) siano risposte correttamente. Quindi, clicca su **“Invia”**.

Change Password



For account security, the administrator has requested you to update your password before continuing.

Strong Password requirements

Must be between 11 and 20 character(s) long with 'no spaces'
Must contain at least 1 numeric character(s)
Must contain at least 1 upper case character(s)
Must contain at least 1 lower case character(s)
Must not be the same as the 'Username'
Must contain at least 1 of the following special character(s) (no other special characters are allowed):
- + () * . : ; [] \ | _ @ #

Current Password:

New Password:

Re-enter Password:

[Change Password](#) [Cancel](#)

Compila la **password attuale** con la password temporanea fornita. Quindi, segui i requisiti per una password sicura per **impostare una nuova password**.

Il tuo account è ora creato. Verrai indirizzato direttamente alla homepage del portale fornitori, dove **dovrai inserire i dati pertinenti alla tua attività, come i dettagli bancari per il pagamento, l'indirizzo** e le informazioni di contatto.



Home Supplier Help

- Complete
- Incomplete
- Supplier Agreement
- Registration Checklist
- Business Information
- Business Address
- Country Specific Tax Information
- Withholding Tax
- Account Information
- Business Size and Diversity
- Document Upload
- Review and Submit

Supplier Agreement

Digital Certificate Agreement

Before proceeding, please review the customer supplier agreement stated below. You must agree site.

Please review Our Company's code of conduct and confirm acknowledgement below:

[US & Canada](#)
[Other Countries](#)

Please review Our Company's Privacy Statement and confirm acknowledgement below:

[Privacy Statement](#)

[Supplier Performance Expectations](#)

Thank you. For any questions, please contact helpdesk at [suppliers.msd.com](#)

☐ I have read and agree to the terms and conditions outlined in the customer agreement.

Next >>

Save Draft

Registration Checklist

Please be prepared to provide the following before you proceed with registration:

1. Company contact information
2. Tax Registration Information (TIN, FED ID, VAT, CIF, NIF as applicable)
3. Banking Information
4. Business classification
5. Government and diversity certifications

Thank you. For any questions, please contact helpdesk at [suppliers.msd.com](#)

Next >>

Save Draft

Business Information

Supplier Category: PO (Payment will be made with a Purchase order - PO)

If Supplier is both PO & NPO then select only PO

Division: HH-Human Health

Supplier Country: United States

Supplier Name: NEW TEST PROFILE

Company Name DBA:

ServiceNow Ref#:

Transaction Method: Bank Transfer / Electronic Fund Transfer (EFT)

Remittance Email ID: EMAIL@EXAMPLE.COM

Contact Information

Please click "Edit" to update the primary contact information.

	First Name	Last Name	Contact Type	Email
Edit	FIRST NAME	LAST NAME	Primary	EMAIL@EXAMPLE.COM

È necessario esaminare e riconoscere il nostro codice di condotta. Clicca sulle **caselle di controllo dell'accordo**.

Clicca su **“Avanti”** per continuare

Fornisci le informazioni richieste **nella lista di controllo della registrazione** prima di registrarti.

Esempio: Prova bancaria e prova fiscale, se applicabile

Clicca su **“Avanti”** per continuare



Contact Information

Contact Type:

Primary

First Name:

FIRST NAME

Last Name:

LAST NAME

Contacts Email Id:

EMAIL@EXAMPLE.COM

Confirm Email Id:

EMAIL@EXAMPLE.COM

Preferred Language:

English

	Type	CountryCode	Number	Extension	Delete
Edit	Primary	United States	(310)-523-6489		x

Phone Type:

Primary

Phone Country Code:

United States

Contact Phone Number:

(310)-523-6489

Extension:

Update

Discard

Inserisci il **tuo numero di contatto** cliccando sul pulsante **“Modifica”** e continua con il pulsante **“Aggiorna”**.

Clicca su **“Avanti”** per continuare

Business Address

Inserisci l' **indirizzo della tua attività** cliccando sul pulsante **“Modifica”**.

In order to add Physical Address, please click the Edit button associated with the Physical address.

Edit

Address Type	Street	City
Physical Address		

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Address Information

Address Type:

Physical Address

Country:

India

Is it PO BOX Address?

No

House Number:

Street:

District/County:

Postal Code:

City/Town:

State/Province:

Select a value...

PO Delivery E-mail id:

ANID Number:

AN

Ok

Discard

Compila tutti i campi obbligatori e clicca su **“Ok”**. Se hai un account Aribo Network esistente che desideri utilizzare per fatturarci, inseriscilo qui.

Clicca su **“Avanti”** per continuare.



Country Specific Tax Information

* Tax Reporting Country:

* Business Entity Type:

Add New Tax Information

	Country	Tax Type	Tax Id Number	Validation
	India	TAX REGISTRATION NUMBER		

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Seleziona la risposta appropriata per le informazioni fiscali **della tua azienda** e clicca sul pulsante “Modifica” per **inserire il numero fiscale**.

Tax Information

* Country:

* Tax Type:

* Tax Id:

* Address:

Ok Discard

Inserisci l' **ID fiscale della tua azienda** e clicca su “Ok”.

Clicca su “**Avanti**” per continuare

Withholding Tax

Please note if you supply internationally, withholding tax may apply. For withholding tax exemptions, ensure that you attach all necessary tax forms (Tax Residence Certificate and if necessary other local forms that may be required) & mention the withholding tax percentage if applicable.

If one of the following scenarios apply to you, download our Withholding Tax Questionnaire from [Supplier Data Management](#) complete the document and attach it in the 'Document Upload' step:

1. You are based outside of United States of America and providing services to Merck US entity
2. You are based outside of Canada and providing services to Merck Canada entity
3. You are based outside of Poland and providing services to MSD Poland entity
4. You are doing business with Merck Puerto Rico

Withholding Tax Details:

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Questo è **applicabile solo** se fornisci a livello internazionale.

Nota: Sarà necessario allegare un certificato di ritenuta d'acconto se i dettagli sono compilati nella casella.

Account Information

Banking Information

Please use the 'Add New Record' button to add bank accounts. At least one bank account is required.

Add Bank Account

Bank Name	Country	Currency Type
No records to display.		

*

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Inserisci le **tue informazioni bancarie** facendo clic sul pulsante “**Aggiungi conto bancario**”.

Fai clic su “**Avanti**” per continuare



Banking Information

*

Address:

All items checked

*

Bank Country:

India

*

Payment Currency:

Indian Rupee

*

IFSC:

ICIC0001618

*

Bank Swift Code:

ICICINBBXXX

*

Account Number:

*

Account Holder:

ABCD

Bank Name:

ICICI BANK LIMITED

Bank Street Name:

ICICI BANK LTD., N. S. ROAD, MOHANBATI, POST RAIGUNJ - 733

Bank City:

UTTAR DINAJPUR

Bank County/District:

Bank State/Region:

Select a value...

Bank Postal Code:

Account Type:

Checking

Ok

Discard

Si prega di completare tutti i **campi obbligatori**. È importante inserire il **codice bancario corretto** per garantire l'accuratezza delle informazioni bancarie che verranno compilate automaticamente.

È inoltre possibile modificare manualmente l'indirizzo, se necessario.

Nota: Un conto corrente si riferisce a un conto ordinario.

Fare clic su “Ok” & “Avanti” per continuare

Document Upload

W-9 and 147c must be in either PDF, PNG, JPEG, JPG File Types. All others can be either PDF, PNG, JPEG, JPG, DOC, DOCX.

Add New Record

	Document Name	File Type	Expiration Date	Uploaded Date	Linked To	Electr Signati
Upload		Banking Proof				

1

Page size: 10

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Si prega di **caricare** tutti i **documenti richiesti**, che sono stati compilati automaticamente in base alle informazioni fornite, e fare clic su “Avanti.”

Esempio di documentazione bancaria valida:

- Intestazione/Certificato della banca
- Screenshot di assegno annullato
- Istruzioni bancarie/estratto conto Screenshot

La prova bancaria deve corrispondere a tutti i dati bancari inseriti nei campi. **L'allegato deve essere caricato in formato di sola lettura.**

Nota: Questo documento deve essere emesso dalla vostra banca, non dalla vostra azienda.

Review and Submit

Please hit the **SUBMIT** button to finalize your information for approval.

Additionally, by submitting this registration, you certify all information provided is true and accurate. Knowingly providing false information may result in disqualifying you or your company from doing business with MSD and its affiliates.

For any questions, please contact Merck support at suppliers.msd.com

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Submit

Fare clic su “Invia” al termine.

Nota: Come parte del processo di revisione, potreste essere contattati dal nostro team di supporto per confermare i dettagli della presentazione



Nel caso in cui la vostra pratica sia stata respinta o siano stati richiesti ulteriori dettagli , consultate la nostra guida su [“Correggere un questionario che è stato inviato per la ripresentazione.”](#)
