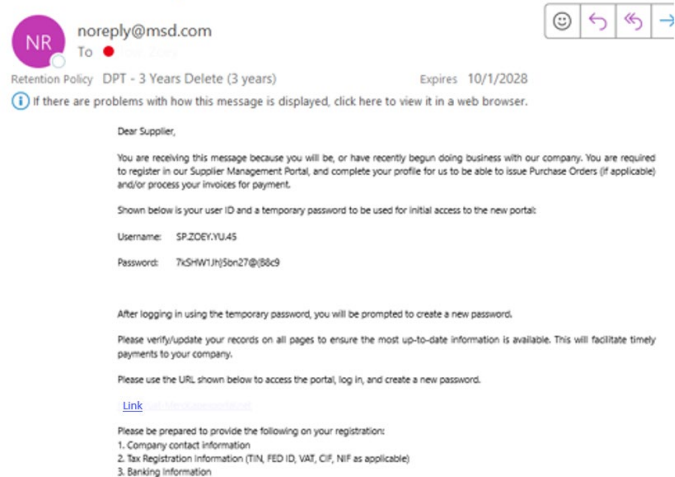


Creating a new Supplier Account in Apex Portal

To transact with Our Company, you are required to complete the registration process on the supplier portal. A supplier account can be created using the following steps:

MSD - Onboarding of the Vendor



NR noreply@msd.com

Retention Policy DPT - 3 Years Delete (3 years) Expires 10/1/2028

ⓘ If there are problems with how this message is displayed, click here to view it in a web browser.

Dear Supplier,

You are receiving this message because you will be, or have recently begun doing business with our company. You are required to register in our Supplier Management Portal, and complete your profile for us to be able to issue Purchase Orders (if applicable) and/or process your invoices for payment.

Shown below is your user ID and a temporary password to be used for initial access to the new portal:

Username: SP2OEYU45
Password: 7hGHW1Jh5on27@l80c9

After logging in using the temporary password, you will be prompted to create a new password.

Please verify/update your records on all pages to ensure the most up-to-date information is available. This will facilitate timely payments to your company.

Please use the URL shown below to access the portal, log in, and create a new password.

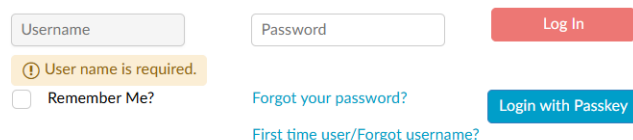
[Link](#)

Please be prepared to provide the following on your registration:

1. Company contact information
2. Tax Registration information (TIN, FED ID, VAT, Cif, NIF as applicable)
3. Banking information

Navigate to the invitation link received from noreply@msd.com with the title “**MSD - Onboarding of the Vendor**”.

A username and temporary password will be provided for login purposes. After **initial login**, you are required to **update your password**.



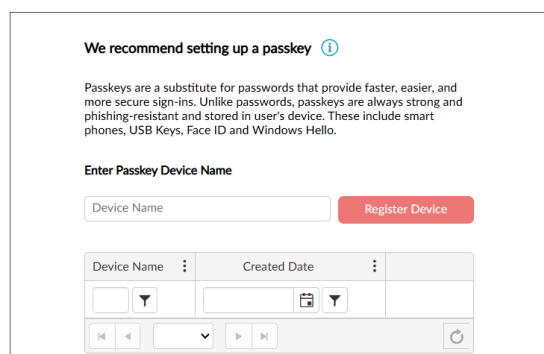
Username Password Log In

ⓘ User name is required.

☐ Remember Me? [Forgot your password?](#) [Login with Passkey](#)

[First time user/Forgot username?](#)

Log in with the given **username** and **temporary password**.



We recommend setting up a passkey ⓘ

Passkeys are a substitute for passwords that provide faster, easier, and more secure sign-ins. Unlike passwords, passkeys are always strong and phishing-resistant and stored in user's device. These include smart phones, USB Keys, Face ID and Windows Hello.

Enter Passkey Device Name

Device Name Register Device


Device Name	Created Date
<input type="text"/>	<input type="text"/>

Submit Skip

Optional:

It is recommended that you set up a passkey for quick and secure sign-ins. You can also choose to skip this step for now.

Login Authentication Code

 noreply@msd.com
To: [redacted]
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 Management 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 different browser.

If you have any questions, please contact the Help Desk at noreply@msd.com or by phone at 1-800-451-7373.

System Administrator

You will receive a login authentication code email from noreply@msd.com.

Step: 1

Please enter authentication code received in your email

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?

Please insert the 6-digit code to Step 1 and ensure all security questions (Step 2) are answered correctly. Then, click **“Submit”**

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

Please fill in the **current password** with the temporary password provided. Then, follow the strong password requirements to **set up a new password**.

Your account is now created. You will be taken directly to the Supplier Portal Homepage, where **you must fill in data relevant to your business, such as bank details for payment, address, and contact information.**



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

You are required to review and acknowledge our code of conduct. Click on the **Agreement checkboxes**.

Click **"Next"** to continue

Provide the required information on **the Registration Checklist** prior to registering.

Example: Bank proof and tax proof as applicable

Click **"Next"** to continue

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
	FIRST NAME	LAST NAME	Primary	EMAIL@EXAMPLE.COM

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
<div>Edit</div>	Primary	United States	(310)-523-6489		<div>×</div>

Phone Type:

Primary

Phone Country Code:

United States

Contact Phone Number:

(310)-523-6489

Extension:

Update

Discard

Enter your **Contact Number** by clicking the **“Edit”** button and continue with the **“Update”** button.

Click **“Next”** to continue

Business Address

Enter your **business address** by clicking the **“Edit”** button.

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

	Address Type	Street	City
<div>Edit</div>	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

Fill in all mandatory fields and click **“Ok”**. If you have an existing Ariba Network account that you want to use for invoicing us, please enter it here.

Click **“Next”** to continue.

Country Specific Tax Information

* Tax Reporting Country:

* Business Entity Type:

[Add New Tax Information](#)

	Country	Tax Type	Tax Id Number	Validation
Edit	India	TAX REGISTRATION NUMBER		

[<< Previous](#) [Next >>](#) [Save Draft](#)

Select the appropriate answer for your **Company Tax Information** and click the **“Edit”** button to input the Tax Number.

Tax Information

* Country:

* Tax Type:

* Tax Id:

* Address:

Input your **Company Tax ID** and Click **“Ok”**.

Click **“Next”** to continue

Ok

Discard

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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This is **only applicable** if you supply internationally.

Note: You will be required to attach a Withholding Certificate if details are filled in the box.

Enter your **Banking Information** by clicking the **“Add Bank Account”** button.

Click **“Next”** to continue



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.			
<div> << Previous Next >> Save Draft </div>			

Banking Information

- Address:
- Bank Country:
- Payment Currency:
- IFSC:
- Bank Swift Code:
- Account Number:
- Account Holder:
- Bank Name:
- Bank Street Name:
- Bank City:
- Bank County/District:
- Bank State/Region:
- Bank Postal Code:
- Account Type:

Please complete all **mandatory fields**. It is important to fill in the **correct Bank key** to ensure the accuracy of the Bank information that will be auto-populated.

You may also manually amend the address, if necessary.

Note: A Checking Account refers to a Current Account.

Click “Ok” & “Next” to continue

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	Electronic Signature
<div> <div>Upload</div> </div>		Banking Proof				

1

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Save Draft

Please **upload** all **required documents**, which have been auto-populated based on your information provided, and click “Next.”

Example of Valid Bank Documentation:

- Bank Letterhead/Certificate
- Voided Check
- Screenshot of banking instruction/bank statement

Bank Proof must match all bank data entered in the fields. **Attachment must be uploaded in a read-only format.**



Note: This document needs to be issued by your bank, not Your Company.

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.

Thank you. For any questions, please contact helpdesk at suppliers.msd.com

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Save Draft

Submit

Click **“Submit”** upon completion.

Note: As part of the review process, you might be contacted by our support team to confirm the submission details

In case your submission has been rejected or returned for additional details, please consult our guide on [“Correcting a Questionnaire that has been Sent for Resubmission.”](#)
