



Sigma Healthcare

New Supplier Onboarding Guide Direct/Stock Suppliers

July 2025

Overview

Sigma Healthcare systems

We've transformed our supply chain to improve the way we do business with our suppliers.

In 2021 Sigma Healthcare implemented its SAP ERP system which included the use of SAP Ariba network to onboard suppliers. This guide provides new direct/stock suppliers with information on how to register with Sigma.

What do you need to do?



Onboarding through SAP Ariba Network

SAP Ariba is a global B2B platform, e-procurement and cloud-based supply chain solution.

For direct/stock suppliers the SAP Ariba network is used for the registration and onboarding of **new direct/stock suppliers** onto Sigma's SAP platform. Once registered in SAP Ariba, you will be able to make changes directly to your data such as your bank account details, contact names, address, etc.

How to join the SAP Ariba Network

There are two primary steps to onboarding via the SAP Ariba Network:

- A. Create a profile for your organisation on the SAP Ariba Network, or if you are an existing user, log on using your relevant credentials; then
- B. Complete the Sigma Registration Form and submit.

Further detailed guidance


Step 1:

You will receive an email from Ariba to register with Sigma Healthcare.


**Note: Please monitor your email, including your Spam folder, to locate this invitation.*

How to join the SAP Ariba Network (contd)

Invitation: Register to become a supplier with Sigma Healthcare - TEST

 Sigma Supplier <s4system-prodau+sigmahealthcare-T.Doc78588487@au.cloud.ariba.com>
To



 If there are problems with how this message is displayed, click here to view it in a web browser.
Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

Register as a supplier with Sigma Healthcare - TEST

Hello!

The Sigma Group is improving the way we do business and transact with our suppliers & customers. Our goal is to simplify and streamline the way in which information passes between our companies. From this perspective and keeping this in mind we are implementing a new Enterprise Resource Management system (S/4Hana and SAP Ariba) that will ultimately help to reduce the administrative overhead. Formalising our ability to fully transact relationship with Purchase Orders electronically generated, delivered and ultimately the way in which we process invoices via 3 way match linking to the goods receipt and the suppliers your invoice.

Given this new operating framework, Ashitha has invited you to register to become a supplier with Sigma Healthcare - TEST. Start by creating an account with Ariba Network. It's free.

Sigma Healthcare - TEST uses Ariba Network to manage its sourcing and procurement activities and to collaborate with suppliers. If MT Systems already has an account with Ariba Network, sign in with your username and password.

[Click Here](#) to create account now

[Click Here](#) to access the Supplier Registration Guide.

Select the first [Click Here](#) link above - even if you have an existing account on SAP Ariba (refer to Step 2).

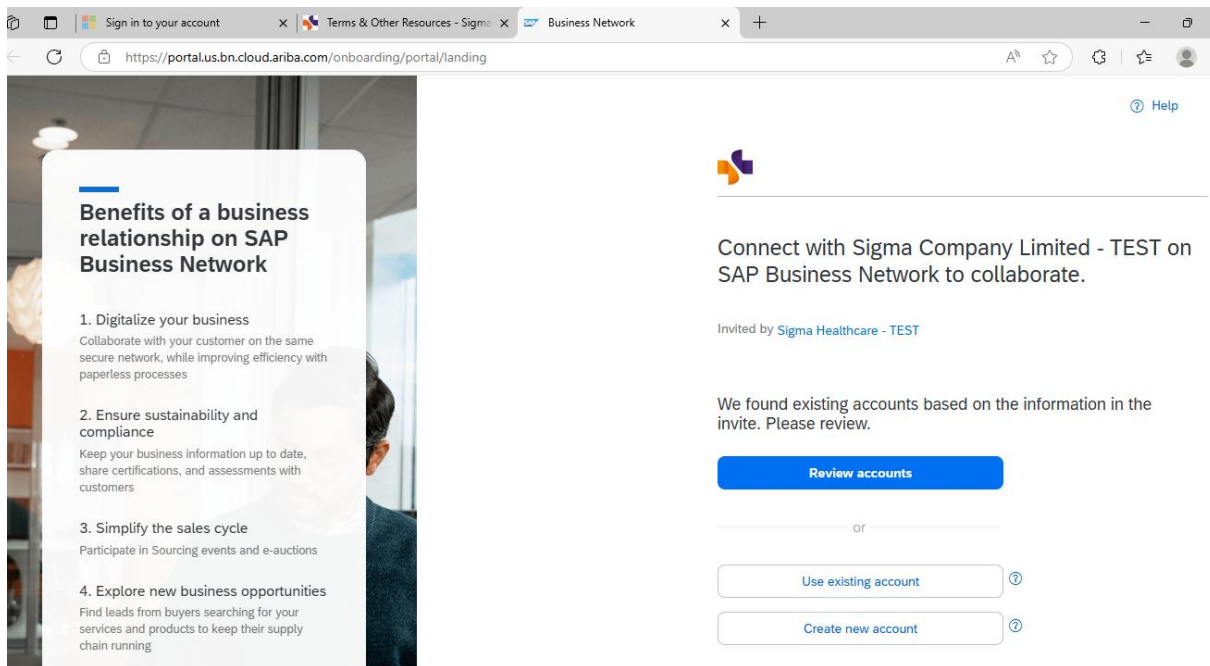
Click on the second [Click Here](#) link to access the Direct Supplier Onboarding.

How to join the SAP Ariba Network (contd)

Step 2:

You will be prompted to register on the SAP Ariba registration page.

- If you are **new** to the SAP Ariba Network then you will need to register your business details on the Ariba Network by clicking on Create new account.
- If you **already use** the SAP Ariba Network please use your existing Ariba Network login credentials. However please ensure you still access Ariba using the registration link provided in the invitation email as this will take you to Sigma's Registration Form.



Step 3 (new to SAP Ariba Network):

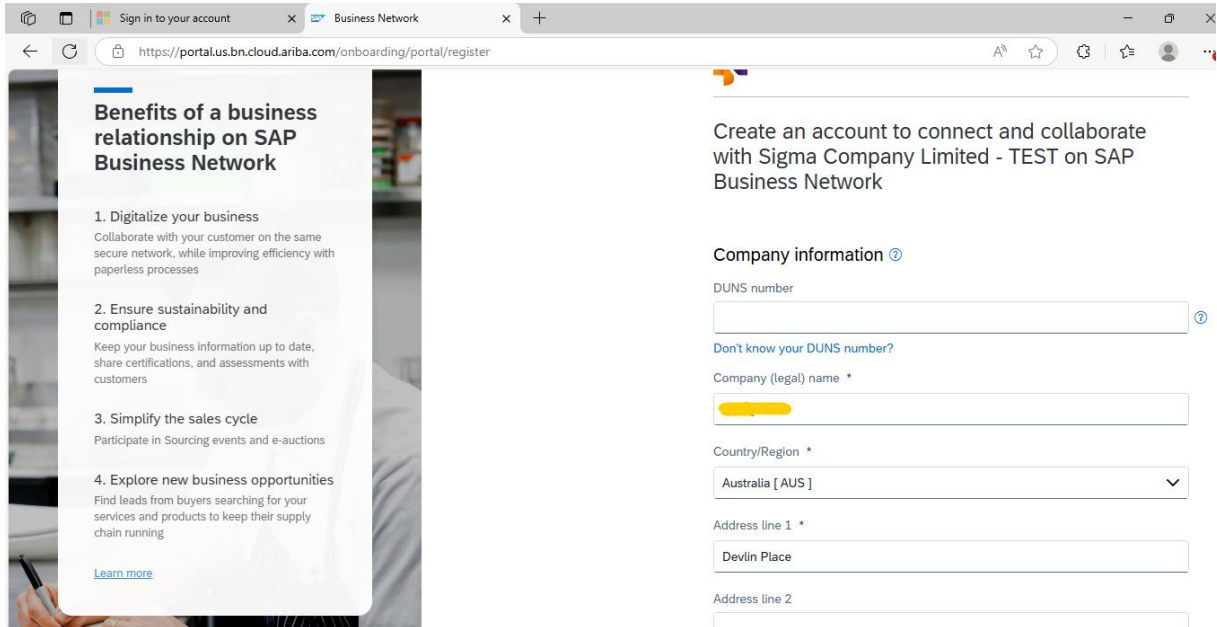
If you are an existing SAP Ariba Network user, you can skip to Step 4.

If you are a new user to the SAP Ariba Network complete the SAP Ariba registration before completing the Sigma registration. There is no charge for this registration and your organisation will be established on the SAP Ariba Network.

Company Information.

Firstly, complete the required fields under section "Company Information". Where shown, review the pre-populated information to ensure its accuracy.

How to join the SAP Ariba Network (contd)



The screenshot shows a web browser window with the URL <https://portal.us.bn.cloud.ariba.com/onboarding/portal/register>. The page is titled "Benefits of a business relationship on SAP Business Network" and lists four benefits: 1. Digitalize your business, 2. Ensure sustainability and compliance, 3. Simplify the sales cycle, and 4. Explore new business opportunities. A "Learn more" link is provided. On the right, there is a section titled "Create an account to connect and collaborate with Sigma Company Limited - TEST on SAP Business Network". Below this, the "Company information" section includes fields for "DUNS number", "Company (legal) name", "Country/Region" (set to Australia [AUS]), "Address line 1" (set to Devlin Place), and "Address line 2".

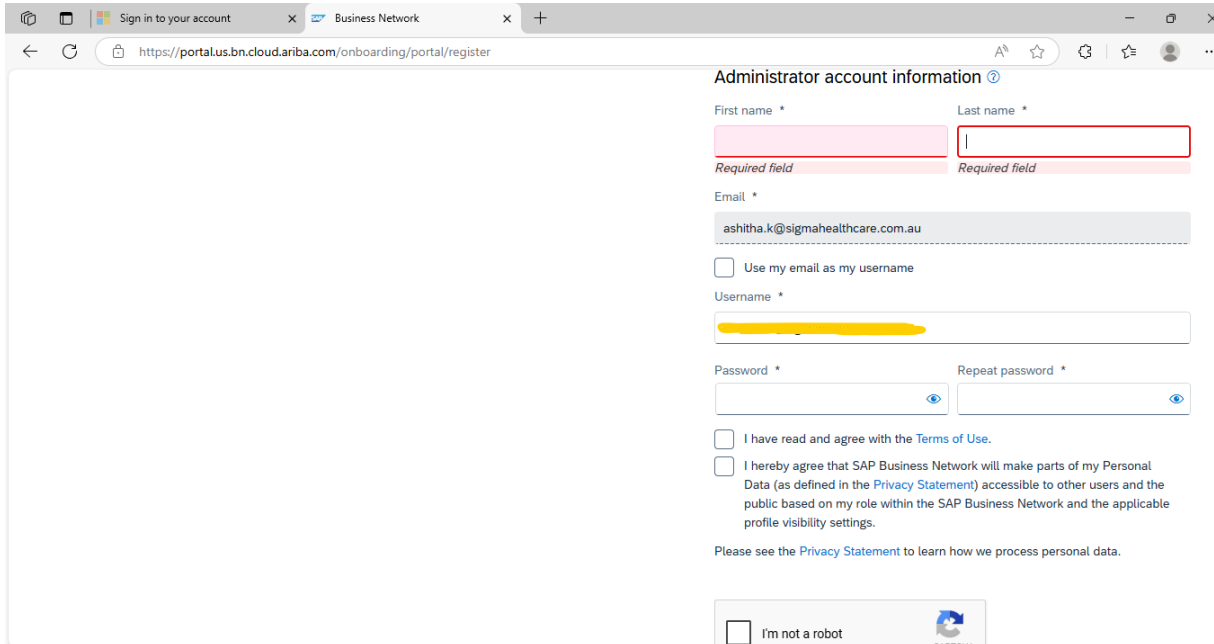
User Account information.

In this section, please provide a user account name and password that you wish to keep for logging into your Ariba Network account.

Note: The username needs to be in the format of an email address. Eg: xxxxx@gmail.com

Accept the terms and conditions, verify the captcha and click on "Create Account".

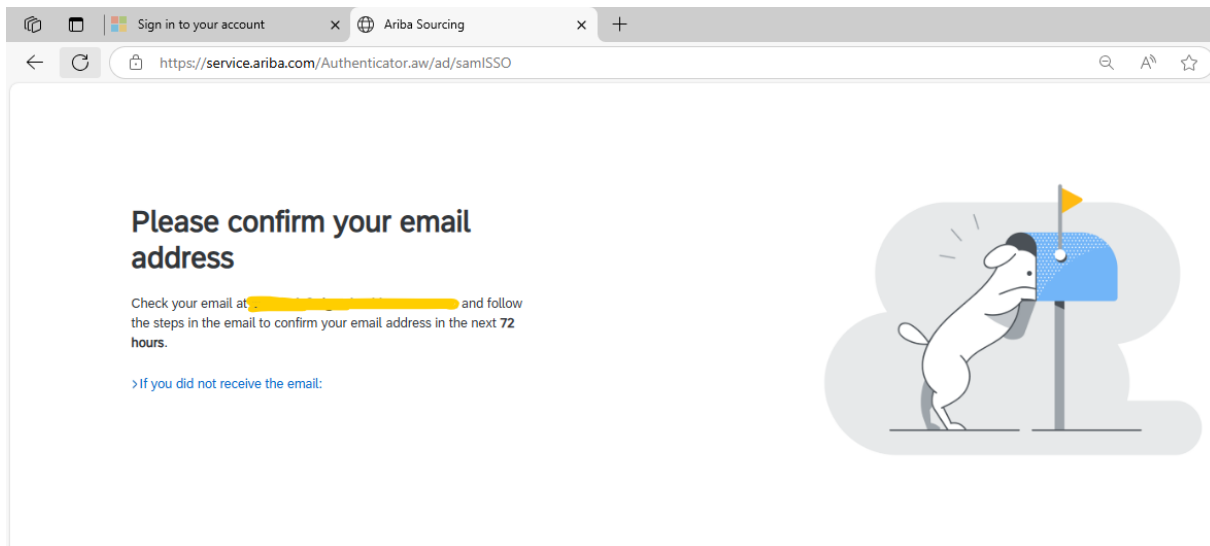
How to join the SAP Ariba Network (contd)



The screenshot shows a web browser window with the URL <https://portal.us.bn.cloud.ariba.com/onboarding/portal/register>. The page is titled "Administrator account information" and contains the following fields and options:

- First name *** and **Last name ***: Text input fields, both marked as "Required field".
- Email ***: Text input field containing "ashitha.k@sigmahealthcare.com.au".
- ☐ **Use my email as my username**
- Username ***: Text input field.
- Password *** and **Repeat password ***: Text input fields, both with eye icons for visibility.
- ☐ **I have read and agree with the [Terms of Use](#).**
- ☐ **I hereby agree that SAP Business Network will make parts of my Personal Data (as defined in the [Privacy Statement](#)) accessible to other users and the public based on my role within the SAP Business Network and the applicable profile visibility settings.**
- Please see the [Privacy Statement](#) to learn how we process personal data.
- ☐ **I'm not a robot** with a CAPTCHA image.

You will be prompted to confirm your email address.




The screenshot shows a web browser window with the URL <https://service.ariba.com/Authenticator.aw/ad/samlSSO>. The page is titled "Please confirm your email address" and contains the following text and illustration:

Please confirm your email address

Check your email at [redacted] and follow the steps in the email to confirm your email address in the next **72 hours**.

[> If you did not receive the email:](#)



You will receive an email notification like below from Ariba. Click on Confirm email.

How to join the SAP Ariba Network (contd)

Action Required: Confirm your email



Ariba Commerce Cloud <ordersender-prod@ansmtp.ariba.com>

To [redacted]



Sun 15-06-2025 21:24

If there are problems with how this message is displayed, click here to view it in a web browser.
Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

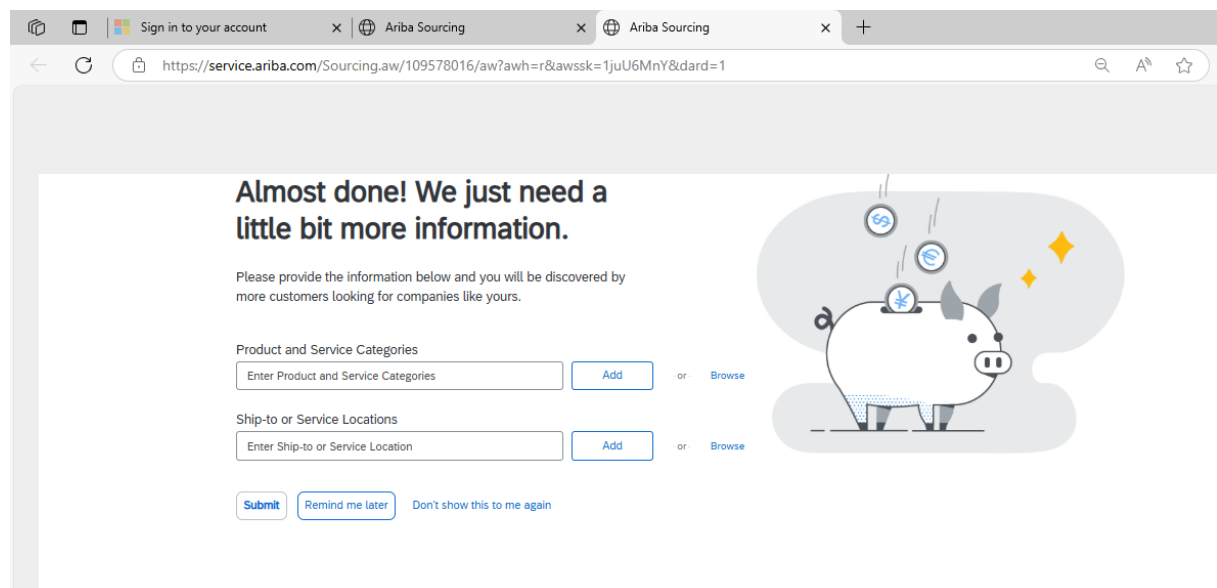
Confirm your email

Hello,

Thank you for joining SAP Business Network. To finish signing up, you just need to confirm that we have the correct email.

[Confirm email](#)

Select your “Product Category” that best describes the goods or services your organisation provides, a “Ship-to Service Location” and click on Submit.



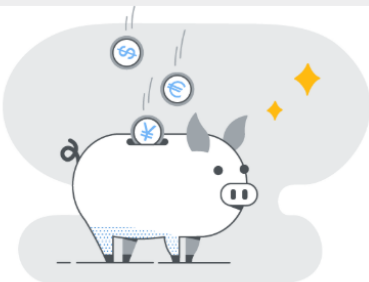
Almost done! We just need a little bit more information.

Please provide the information below and you will be discovered by more customers looking for companies like yours.

Product and Service Categories
 [Add](#) or [Browse](#)

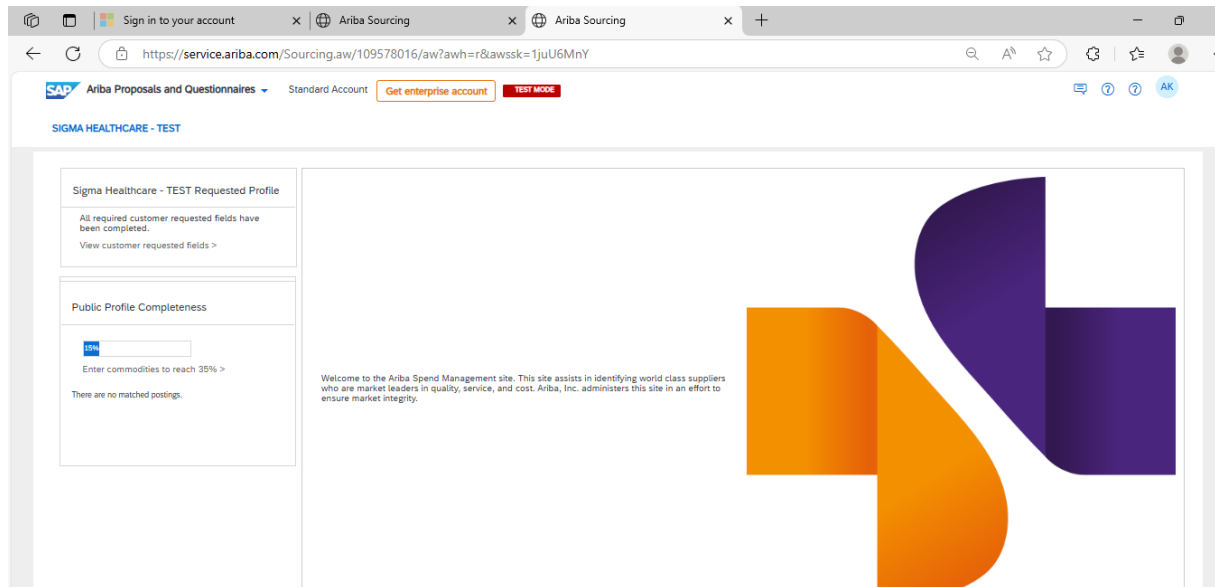
Ship-to or Service Locations
 [Add](#) or [Browse](#)

[Submit](#) [Remind me later](#) [Don't show this to me again](#)



How to join the SAP Ariba Network (contd)

If you are directed to the below page, please log out by clicking on your user initials on the top right corner to access the login page.

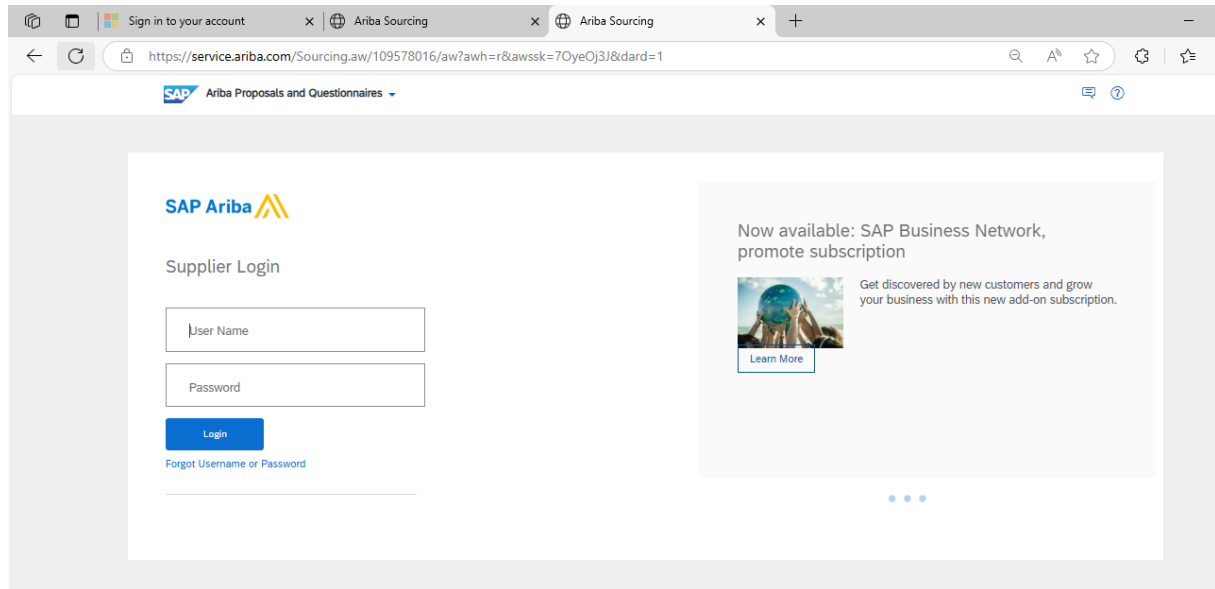


How to complete the Sigma Registration Questionnaire

Step 4:

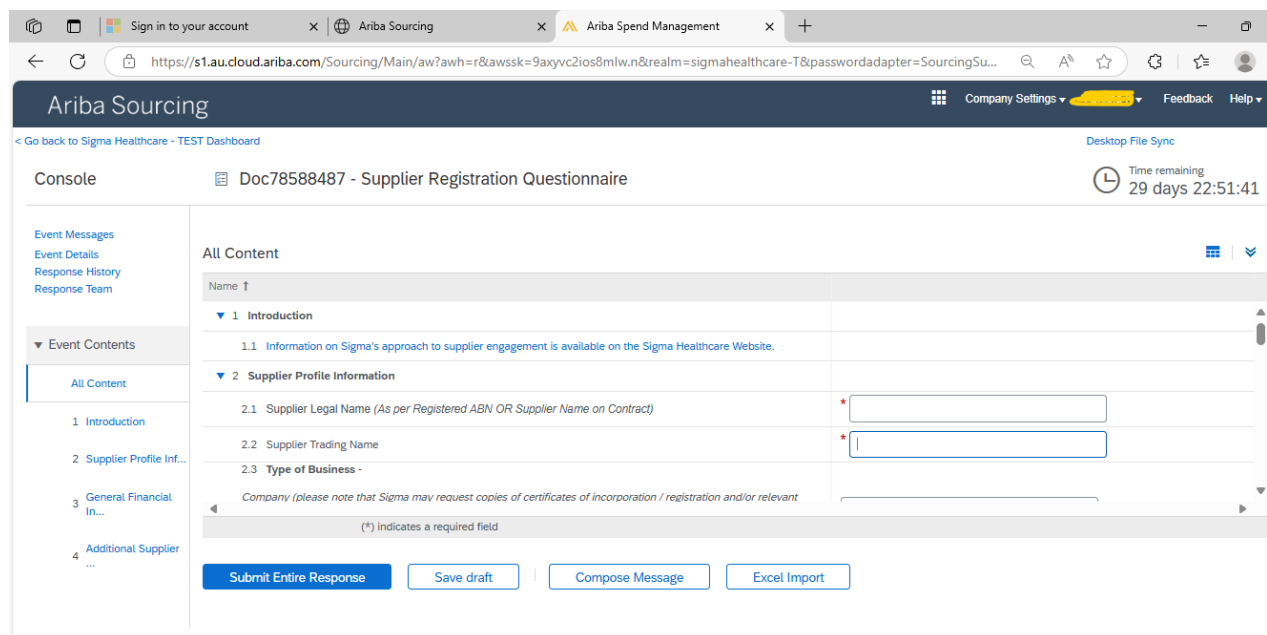
Once registered in the SAP Ariba Network, or if you have an existing SAP Ariba profile, use the link provided in the email invitation to login to the SAP Ariba Network account to access Sigma's supplier registration questionnaire.

How to join the SAP Ariba Network (contd)



The screenshot shows the SAP Ariba Supplier Login page. The browser address bar displays the URL: <https://service.ariba.com/Sourcing.aw/109578016/aw?awh=r&lawssk=7OyeOj3J&dard=1>. The page features the SAP Ariba logo and a 'Supplier Login' section with input fields for 'User Name' and 'Password', a 'Login' button, and a link for 'Forgot Username or Password'. To the right, there is a promotional banner for 'SAP Business Network' with the text 'Now available: SAP Business Network, promote subscription' and a 'Learn More' button.

Logging in will take you to the supplier registration questionnaire as shown below.



The screenshot displays the SAP Ariba Supplier Registration Questionnaire. The browser address bar shows the URL: <https://s1.au.cloud.ariba.com/Sourcing/Main/aw?awh=r&lawssk=9axyvc2ios8mlw.n&realm=sigmahealthcare-T&passwordadapter=SourcingSu...>. The page header includes 'Ariba Sourcing' and navigation links like 'Company Settings', 'Feedback', and 'Help'. The main content area is titled 'Doc78588487 - Supplier Registration Questionnaire' and shows a 'Time remaining' of '29 days 22:51:41'. The questionnaire is divided into sections: '1 Introduction' and '2 Supplier Profile Information'. Section 2 includes fields for 'Supplier Legal Name (As per Registered ABN OR Supplier Name on Contract)', 'Supplier Trading Name', and 'Type of Business'. A note at the bottom states: 'Company (please note that Sigma may request copies of certificates of incorporation / registration and/or relevant documents)'. A footer note indicates: '(*) indicates a required field'. At the bottom, there are buttons for 'Submit Entire Response', 'Save draft', 'Compose Message', and 'Excel Import'.

Note : This questionnaire is valid for 30 days from the date of creation. Time remaining displayed in the top right corner shows the number of days left to fill in the registration form.

How to join the SAP Ariba Network (contd)

Some of the fields in the registration form may be pre-populated. Please review these details and make changes if required.

Section 1 Introduction

Click on the link to read the information on Sigma's approach to supplier enablement.

Name ↑	
▼ 1 Introduction	
1.1	Information on Sigma's approach to supplier engagement is available on the Sigma Healthcare Website.

Section 2 Supplier Profile Information

Enter the Supplier Legal Name, Supplier Trading Name and Type of Business.

All Content

Name ↑	
2.1 Supplier Legal Name (As per Registered ABN OR Supplier Name on Contract)	* <input type="text"/>
2.2 Supplier Trading Name	* <input type="text"/>
2.3 Type of Business -	
Company (please note that Sigma may request copies of certificates of incorporation / registration and/or relevant jurisdiction registration extract e.g. ASIC)	<input type="text"/> 
Other (please note that Sigma may request supporting evidence of business registration or other formation documents such as Partnership Deed, Unit Trust etc.)	

Section 3 Supplier Address

Check or complete address details. For Australia, please enter Suburb in the City field.

All Content

Name ↑	
2.4 Supplier Address (Legal Registered)	Street: <input type="text"/>
(For Australia, please enter Suburb in City Field)	City: * <input type="text"/>
	State/Province/Region: <input type="text"/> ⓘ
	Postal Code: * <input type="text"/>
	Country/Region: * (no value) ▼

Section 4 Supplier Website

Enter the address for your website.

2.5 Website Address ⓘ	<input type="text"/>
-----------------------	----------------------

Section 5 General Financial Information

Please select Yes / No for whether you are an Australian based organisation. If Australian then enter your ABN number, otherwise enter your applicable country's tax number (eg UK VAT). Please check this is in the correct format for your country.

3 General Financial Information	
3.1 Please indicate if any are applicable: -Business making taxable supply in Australia? -Company incorporated in Australia? -Company registered in Australia?	* Yes ▾

Section 6 Bank Details *important*

Choose the bank type Domestic/Foreign.
Select the Country/Region.

3.3 Bank Details Please complete the following fields: Bank Type, Country, Bank Key and Bank Account Number. For Australia, the Bank Key (BSB) format should be XXX-XXX (e.g. 012-204). For Australia, please enter BSB number in Bank Key/ABA Routing Number field.	* Bank Type: No Choice ▾ Country/Region: (no value) ▾ Account Holder Name: <input type="text"/> SWIFT Code: <input type="text"/> Bank Control Key: No Choice ▾
---	--

For Australian banks, please enter the following mandatory fields:

- Account Holder name (should match your Bank Statement).
- Bank Key/ABA Routing Number (*NOTE: this is the BSB for Australian Accounts, **please put a dash in between three numbers**); and
- Account Number

3.3 Bank Details Please complete the following fields: Bank Type, Country, Bank Key and Bank Account Number. For Australia, the Bank Key (BSB) format should be XXX-XXX (e.g. 012-204).	Bank Type: Domestic ▾ Country/Region: Australia ▾ Account Holder Name: <input type="text"/> Bank Key/ABA Routing Number: * <input type="text"/> Account Number: * <input type="text"/> SWIFT Code: <input type="text"/>
---	--

Note: SWIFT is only applicable for non-Australian Bank accounts.

For Non-Australian banks, please enter Account Holder Name, IBAN Number and Swift Code

3.3 Bank Details

Please complete the following fields: Bank Type, Country, Bank Key and Bank Account Number.

For Australia, the Bank Key (BSB) format should be XXX-XXX (e.g. 012-204).

Country/Region: United Kingdom

Account Holder Name:

Bank Key/ABA Routing Number:

Account Number:

IBAN Number:

SWIFT Code:

**Note: please do not populate the Bank Key/ABA Routing Number or Account Number field if populating the IBAN Number field. This will create errors and delays with onboarding to Sigma's SAP system.*

Attach supporting documents to validate the bank details.

Please note that only 'bank' issued document will be accepted.

3.4 Please note Sigma requires supporting documents to validate the bank details. Please attach either a copy of bank statement, a copy of bank deposit slip or a letter from the bank showing your bank account details. Transaction values and/or balances may be redacted from your bank statement if necessary.

★ Attach a file

Section 7 Additional Contact Details

Enter the email addresses in the fields shown.

3.5 Email Address for Purchase Orders

3.6 Email Address for Remittance Advice

3.7 Email Address for Claim Advice

3.8 Email Address for Rebate Advice

Enter your organisation's postal address for receipt of Purchase Orders.

Note: In Australia, place your Suburb in the City field.

3.9 Postal Address for Purchase Orders (If different to Postal Address)

Street:

City:

State/Province/Region:

Postal Code:

Country/Region: (no value)

Enter a contact phone number for your Accounts department

3.10 Please provide your Accounts Receivable Contact Number

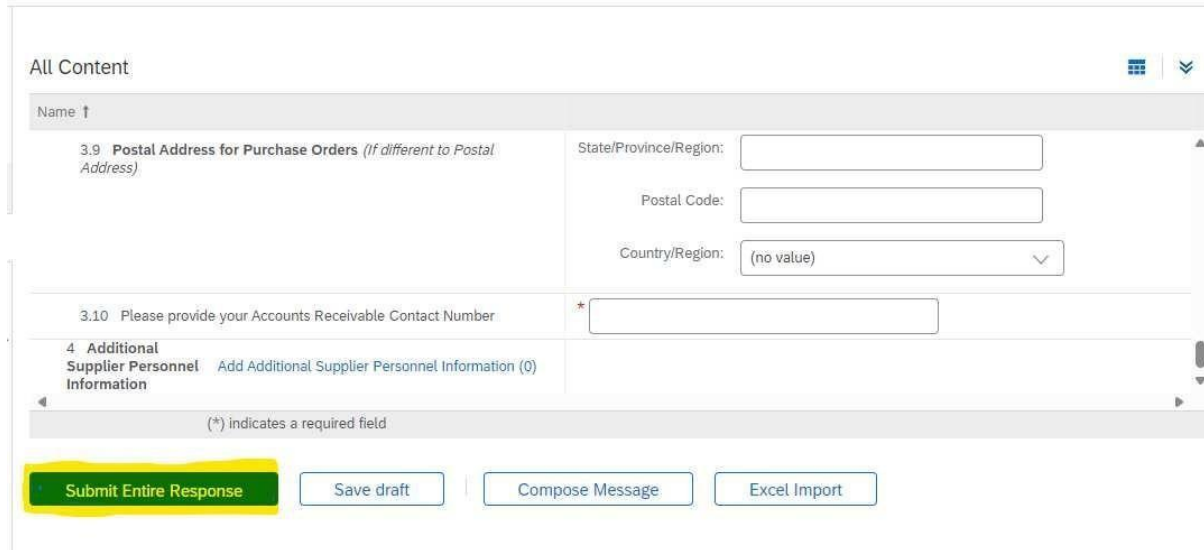
Section 8 Additional Personnel Details

Add any additional personnel information if required.

4 Additional Supplier Personnel Information [Add Additional Supplier Personnel Information \(0\)](#)

Step 5

Once all the fields are updated, click on “Submit Entire Response Button”.

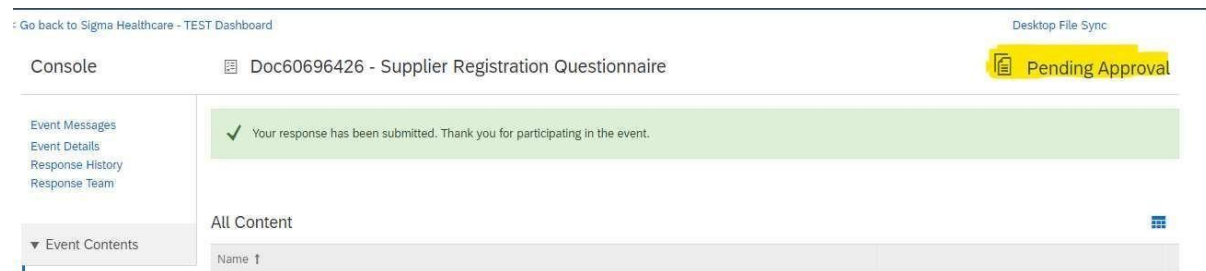


The screenshot shows a questionnaire form with the following sections:

- All Content** (header)
- Name** (input field)
- 3.9 Postal Address for Purchase Orders (If different to Postal Address)** (input field)
- State/Province/Region:** (input field)
- Postal Code:** (input field)
- Country/Region:** (dropdown menu, currently showing "(no value)")
- 3.10 Please provide your Accounts Receivable Contact Number** (input field, marked with an asterisk)
- 4 Additional Supplier Personnel Information** (input field, marked with an asterisk)
- Submit Entire Response** (button, highlighted in yellow)
- Save draft** (button)
- Compose Message** (button)
- Excel Import** (button)

(*) indicates a required field

Once the questionnaire is submitted, it routes to Sigma for approval and the registration status shows as “Pending Approval”. This changes to Approved once Sigma has approved the registration, and you should be able to commence transacting with Sigma.



The screenshot shows the Sigma Healthcare dashboard with the following elements:

- Go back to Sigma Healthcare - TEST Dashboard** (link)
- Desktop File Sync** (link)
- Console** (tab)
- Doc60696426 - Supplier Registration Questionnaire** (document title)
- Pending Approval** (status, highlighted in yellow)
- Event Messages** (link)
- Event Details** (link)
- Response History** (link)
- Response Team** (link)
- Event Contents** (link)
- All Content** (header)
- Name** (input field)

✓ Your response has been submitted. Thank you for participating in the event.

How to update your information

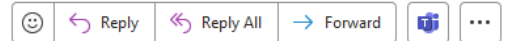
In some cases, Sigma may request additional information after you have submitted your registration. You will receive email notification of this:

Action needed: Provide additional registration information to Sigma Healthcare - TEST



Ariba Administrator <no-reply@au.cloud.ariba.com>

To [redacted]



Sun 15-06-2025 22:03

If there are problems with how this message is displayed, click here to view it in a web browser.
Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

Additional registration information needed.

Sigma Healthcare - TEST reviewed your registration information and needs the additional information described in the comments below.

Comments: Attach Bank statement

To provide the additional information that Sigma Healthcare - TEST needs, [Click Here](#) to go to the registration questionnaire.

Step 1

Click on the link in the email to open the registration questionnaire. To update the requested details, click on "Revise Response" button.

You have submitted a response for this event. Thank you for participating.

[Revise Response](#)

All Content

Name ↑	
2.4 Supplier Address (Legal Registered)	Devin Place Menai, AU-NSW 2234 Australia
(For Australia, please enter Suburb in City Field)	
2.5 Website Address ⓘ	
3 General Financial Information	
3.1 Please indicate if any are applicable:	
-Business making taxable supply in Australia?	Yes
-Company incorporated in Australia?	
-Company registered in Australia?	
3.2 Tax ID/ABN	Country(Region): Australia (AU) ⓘ

Step 2

Click on OK to confirm.

⚠ Revise Response?

You have already submitted a response for this event. Click OK if you would like to revise your response.

OK

Cancel

The fields are now editable. Comments from Sigma requesting additional details are displayed on top.

Doc60696426 - Supplier Registration Questionnaire

Time remaining
29 days 23:49:52

Latest comment [8/8/2024]: Bank Details

All Content

Name 1

2 Supplier Profile Information

2.1 Supplier Legal Name (As per Registered ABN OR Supplier Name on Contract)

Template Test

2.2 Supplier Trading Name

Template Test

2.3 Type of Business

Company (please note that Sigma may request copies of certificates of incorporation / registration and/or relevant jurisdiction registration extract e.g. ASIC)

Other (please note that Sigma may request supporting evidence of business registration or other formation documents such as Partnership)

(*) indicates a required field

Step 3

Make the required changes and click on “Submit Entire Response” button.

Submit Entire Response

Reload Last Bid

Save draft

Compose Message

Excel Import

Step 4

Click “OK” to submit.

✓ Submit this response?

Click OK to submit.

OK

Cancel

Registration Questionnaire is now in “Pending Approval” status.

Doc60696426 - Supplier Registration Questionnaire

Pending Approval

You have submitted a response to the questionnaire.

All Content

Name 1

3.4 Please note Sigma requires supporting documents to validate the bank details. Please attach either a copy of bank statement, a copy of bank deposit slip or a letter from the bank showing your bank account details. Transaction values and/or balances may be redacted from your bank statement if necessary.

1.PNG ✓

Bank Control Key: No Choice

3.5 Email Address for Purchase Orders

ashitha.k@sigmahealthcare.com.au

3.6 Email Address for Remittance Advice

ashitha.k@sigmahealthcare.com.au

3.7 Email Address for Claim Advice

3.8 Email Address for Rebate Advice

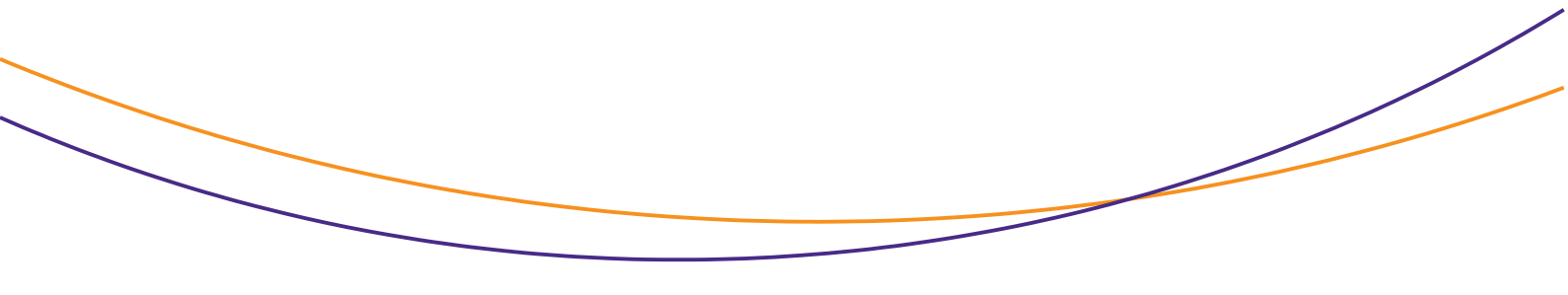
ashitha.k@sigmahealthcare.com.au

3.9 Postal Address for Purchase Orders (if different to Postal Address)

Note: You can only submit or update if the questionnaire is in Open or Pending Resubmit status. If your questionnaire is Closed it means you have missed the submission deadline. Please contact directly your Sigma Representative to request to re-open it.

Note: If the status is Pending Approval your Sigma Representative must approve or request more information in your previous submission before you can submit an update.

Note: If the status is Registration Denied, it means that your Sigma Representative has denied your registration. Please contact your Sigma Representative.



Additional information you need to know:

How we work with direct/stock suppliers



Accounts Payable email address

Invoices must be in PDF format and sent to our accounts payable email address:
accountspayableinvoices@sigmahealthcare.com.au

All queries on invoices and payment thereof should be addressed to:
accpay@sigmahealthcare.com.au.

If used, account statements should also be sent to this address.

What do you need to do?

Please ensure invoices are sent to the above email address. Sending invoices to other addresses (such as your Sigma Healthcare Representative) can result in processing and payment delays.

Note: This does not currently apply to our subsidiary business MPS. Please contact your MPS representative for invoicing information.



No PO, No Pay policy

For most suppliers, Sigma operates on a '**No PO, No Pay**' policy.

This means that a Purchase Order must be obtained from Sigma to support your transactions.

This policy ensures accuracy and efficiency when you transact with us and assists in processing invoices and payments on time.

What you need to know:

For most transactions with Sigma Healthcare, you will require a Purchase Order which will detail the goods and/or services requested.

What do you need to do?

You will need to receive a Purchase Order from Sigma Healthcare and check that the information on that Purchase Order accurately reflects the goods / services being ordered.

You will also need to ensure all your invoices include:

1. The Purchase Order Number, and

2. The email address of the Sigma Healthcare Representative that ordered the goods and services



- Purchase Orders

Purchase Orders are required for most transactions* - see example below:

Purchase Order Number:


The PO Number must be included on your invoice to ensure payment per our 'No PO, No Pay' policy.

Vendor Number

Your Vendor Number will appear here.

Instructions:

Any special delivery or booking instructions, you need to follow appear here.



Sigma Company Limited

APRIMA USA 132 923

Myer Place:

Rowville:

VIC 3109

Tel. No. (03) 9215 9215

Fax No. (03) 9215 9183

PURCHASE ORDER

PO No. 4100000262

PO Date: 01/04/2012

Page 1 of 1

Supplier:

EXAMPLE SUPPLIER - 0000000000

123R (SMITH) RD/PO

MELBOURNE

VIC, 3000

Tel. No. 1800 123 123

Fax No. 1800 123 123

Delivery To:

Sigma Rowville - 1381

1 Myer Place

Rowville

VIC, 3178

Buyer's Information

Contact: John

Tel No.

Fax No.

E-Mail: john@example.com

Delivery To: 000000021

Terms:

Bankname: CNP - Delivered at Place

John Smith

03 9123 1234

03 9123 1234

john.smith@example.com

000 123

Account: 187777000463

accounts.payable@sigmahealthcare.com.au

Banking Instructions: CONTACT SIGMA ROWVILLE (0000) (BANK) AT 03 300 0000 TO ARRANGE A TIME ALL DELIVERIES MUST HAVE THE ORDER NUMBER AND SUPPLIER NAME PLEASE ENQUIRE (0000) ARRIVE AT (0000) ON BY (00000000).

Special Instructions: (Specified Delivery)

Item	Material Code	Description	Quantity	Unit	Amount (Ex. GST)	SubTotal (Ex. GST)
00010	10000455	EXAMPLE PRODUCT	1,000	EA	1.00	1,000.00
		EXAMPLES00010001234				

"This is the last item in the DIRECT PURCHASE ORDER"

SubTotal(AMT): 1,000.00

Less Discounts: 0.00

Total(AMT): 1,000.00

For Purchase Order Terms & Conditions, please visit <http://www.sigmahealthcare.com.au/po-terms-and-conditions>

This is a computer-generated document. No signature is required.

PO Print Date: 2012/01/01 PO Print Time: 16:09:35

* You will be advised by your Sigma Healthcare representative if Purchase Orders do not apply for your transactions. This only applies to a few exceptions.

4. FAQs

Questions?

Do I need to register for the SAP Ariba Network now?

Only if you are a new supplier to Sigma.

How do I manage my business information via the SAP Ariba Network?

If you have registered via the SAP Ariba network, the network provides a user- friendly online portal for you to make changes to your business information such as changing your address or updating your banking information. If you need to make changes to your existing business information, please inform your Sigma Healthcare Representative who will assist you in registering on the SAP Ariba Network.

Are there any costs to register for the Ariba Network?

There are no network fees to register for the SAP Ariba network with Sigma Healthcare or to make changes to your business information once registered.

Does this apply to MPS?

No, these changes currently only apply to the Sigma Healthcare and Sigma Healthcare Logistics business.

Who do I contact for any questions?

If you have questions on the information in this Guide, please contact your Sigma Healthcare Representative or send an email to:
SupplierEnablement@sigmahealthcare.com.au

