

Sigma Healthcare

Supplier Onboarding Guide Indirect/Non-stock Suppliers

June 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 indirect (non-stock) suppliers with information on how to register with Sigma.

What you need to do?



Onboarding through SAP Ariba Network

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

For indirect (non-stock) suppliers, the SAP Ariba network is used for the registration and onboarding of **new indirect (non-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.

Invitation: Register to become a supplier with Sigma Healthcare - TEST				
So (Sigma Supplier <s4system-prodau+sigmahealthcare-t.doc78588487@au.cloud.ariba.com></s4system-prodau+sigmahealthcare-t.doc78588487@au.cloud.ariba.com>				
 If there are problems with how this message is displayed, click Click here to download pictures. To help protect your privacy, (here to view it in a web browser. Jutlook 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 Indirect Supplier Onboarding guide.



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 are an **existing user** of the SAP Ariba Network please use your existing Ariba Network login credentials. However please ensure you still access Ariba <u>using the</u> <u>registration link provided in the invitation email</u> 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 <u>before</u> 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.



- C 🗈 https://portal.us.bn.cloud.ariba.com/onboarding/portal/register	A* 🔂 🤅 👍 😩
Benefits of a business relationship on SAP Business Network	Create an account to connect and collaborate with Sigma Company Limited - TEST on SAP Business Network
1. Digitalize your business Collaborate with your customer on the same secure network, while improving efficiency with paperless processes	Company information ③
2. Ensure sustainability and compliance	DUNS number
Keep your business information up to date, share certifications, and assessments with customers	Don't know your DUNS number? Company (legal) name *
3. Simplify the sales cycle Participate in Sourcing events and e-auctions	Country/Region *
4. Explore new business opportunities	Australia [AUS]
services and products to keep their supply chain running	Address line 1 *
	Devlin Place
	Address line 2

User Account information.

In this section, please provide a user account name and password for logging into your Ariba Network account.

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

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

) 🗊 📑 Sign in to your account 🛛 🗴 📨 Business Network 🗙 🕂	- 0
C thttps://portal.us.bn.cloud.ariba.com/onboarding/portal/register	A* 🟠 🤤 🛓 😫
	Administrator account information 📀
	First name * Last name *
	Required field Required field
	Email *
	ashitha.k@sigmahealthcare.com.au
	Use my email as my username
	Username *
	Password * Repeat password *
	۲
	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 within the relations.
	Please see the Privacy Statement to learn how we process personal data



You will be prompted to confirm your email address.



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



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





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

Ô		Sign in to your account	🗙 🗍 🌐 Ariba Sourcing	×	🕀 Ari	iba Sourcin	9	:	× +			
\leftarrow	С	https://service.ariba.com	n/Sourcing.aw/109578016/aw?awh=r&	awssk=	1juU6N	MnY&dard	d=1			Q	Aø	ជ
		Almos	t done! We just ne	ed a	a				11			
		little b	it more informatior	ı.					(<u>s</u>)			
		Please provid	le the information below and you will be di	scovere	d by					, * -		
		more custom	ers looking for companies like yours.							•		
		Product and	Service Categories						1 •			
		Enter Produc	t and Service Categories		Add	- or -	Browse		<u> </u>			
		Ship-to or Se	rvice Locations			-		_				
		Enter Ship-to	or Service Location		Add	- or -	Browse					
		Submit	emind me later Don't show this to me again									

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

🕼 🗖 📑 Sign in to your account 🗙	Ariba Sourcing X Ariba Sourcing X	+ - • >
← C	rcing.aw/109578016/aw?awh=r&awssk=1juU6MnY	
Ariba Proposals and Questionnaires - Sta	ndard Account Get enterprise account	📮 🕐 🕜 🤺
SIGMA HEALTHCARE - TEST		
Sigma Healthcare - TEST Requested Profile Ail required customer requested fields have been completed. View customer requested fields >		
Public Profile Completeness	Welcome to the Ariba Spend Management site. This site assists in identifying world class suppliers who are market leaders in quality, service, and cost Ariba, Inc. administers this site in an effort to ensure market integrity.	



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 and access Sigma's supplier registration questionnaire.

Ô		Sign in to your account	×	×	Ariba Sourcing	×	+		-
\leftarrow	C	https://service.ariba.cor	n/Sourcing.aw/109578016/	aw?awh=r&awssk	=70ye0j3J&dard=1			Q A 🏠 🕄	₹_=
		SAP Ariba Proposals	and Questionnaires 👻					\$	
		SAP Ariba	Nord			Now pror	y available note subs	e: SAP Business Network, scription Get discovered by new customers and grow your business with this new add-on subscription.	



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

🕼 🗖 📑 Sign in to ye	nur account x 🖨 Ariba Sourcing x 🔥 Ariba Spend Management x +	- o			
← C ♠ https://	's1.au.cloud.ariba.com /Sourcing/Main/aw?awh=r&awssk=9axyvc2ios8mlw.n&realm=sigmahealthcare-T&pa	sswordadapter=SourcingSu ର୍ 🗚 🏠 🔇 🎼 😩			
Ariba Sourcir	g	🗰 Company Settings 🗸 🔧 🔹 Feedback Help 🔹			
< Go back to Sigma Healthcare - TE	ST Dashboard	Desktop File Sync			
Console	Doc78588487 - Supplier Registration Questionnaire	D Time remaining 29 days 22:51:41			
Event Messages Event Details Response History	All Content				
Response Team	Response Team Name †				
	▼ 1 Introduction				
 Event Contents 	1.1 Information on Sigma's approach to supplier engagement is available on the Sigma Healthcare Website.				
All Content	▼ 2 Supplier Profile Information				
1 Introduction	2.1 Supplier Legal Name (As per Registered ABN OR Supplier Name on Contract)	*			
2 Suzzliez Deefle lef	2.2 Supplier Trading Name *				
2 Supplier Profile Inf	2.3 Type of Business -				
3 General Financial In	3 General Financial Company (please note that Sigma may request copies of certificates of incorporation / registration and/or relevant				
	(*) indicates a required field				
4 Additional Supplier 	Submit Entire Response Save draft Compose Message Excel Import				

Note : This questionnaire is valid for <u>30 days</u> 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.

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 if you wish to read 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)	*
2.2 Supplier Trading Name	*
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 Deed. Unit Trust etc.)	



Section 3 Supplier Address

Check or complete address details. For Australia, plea	ase enter Suburb in the City field.
--	-------------------------------------

All Content		•• • •
Name †		
	5000	
	City: *	
2.4 Supplier Address (Legal Registered)	State/Province/Region:	i
(For Australia, please enter Suburb in City Field)	Postal Code: *	
	Country/Region: * (no value)	\checkmark

Enter the address for your website.

2.5 Website Address (i)

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 V

Section 6 Bank Details *important* Choose the bank type Domestic/Foreign. Select the Country/Region.

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



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

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

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

		Country/Region:	United Kingdom	\checkmark
		Account Holder Name:		
3.3 Bank Details		Papir Kov/APA Douting Number	(
Please complete the following fields: Bank Type, Country, Bank Key and Bank Account	0	bank KeyiAbA Rodung Number.		
Number.	U	Account Number:		
For Australia, the Bank Key (BSB) format should be XXX-XXX (e.g. 012-204).		IBAN Number:		
2 2 -		SWIFT Code:	<u></u>	

**Important 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.

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 staement if necessary.	*Attach a file

**Important Note*: as an anti-fraud control, supporting evidence must be external to your organisation e.g. copy of a bank statement. A letter on your own letterhead is not sufficient.

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 (i)		
3.8 Email Address for Rebate Advice (i)	*	I

Note : Email Address for Claim Advice is not required for Indirect / Non-Stock suppliers.



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

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

	Street:	
	City:	
3.9 Postal Address for Purchase Orders (If different to Postal Address)	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.

Supplier Personnel Add Additional Supplier Personnel Information (0) Information

Step 5

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

Name 1			
3.9 Postal Address for Purchase Orders (If different to Postal Address)	State/Province/Region: Postal Code: Country/Region:	(no value)	,
3.10 Please provide your Accounts Receivable Contact Number	*		
4 Additional Supplier Personnel Add Additional Supplier Personnel Information (0) Information			
(*) 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.

Go back to Sigma Healthcare	- TEST Dashboard	Desktop File Sync
Console	Doc60696426 - Supplier Registration Questionnaire	Pending Approval
Event Messages Event Details	\checkmark Your response has been submitted. Thank you for participating in the event.	
Response Team		_
- Event Contents	All Content	•••
Venic Contents	Name †	



How to update your information

In some cases, Sigma may request for 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



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) (For Australia, please enter Suburb in City Field)	Devlin Place Menai, AU-NSW 2234 Australia
2.5 Website Address (j)	
▼ 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
3.2 Tax ID/ABN	Country/Region: Australia (AU) (i)
<mark>Step 2</mark> 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 is displayed on top.



Lesnboard			1	Residop Hile Sync
Doc60696426 - Supplier Registration Question	naire		G	Time remaining 29 days 23:49:52
Latest comment (8/8/2024): Bank Details				
All Content				Π
Name 1				
2 Supplier Profile Information				
2.1 Supplier Legal Name (As per Registered ASN OR Supplier Name on Contract)	•	Template Test		1
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 4			v	
(*) indicates a required field				

Step 3

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



Click "OK " to submit.



Click OK to submit.



Registration Questionnaire is now in "Pending Approval" status.

100	St Desribband	Desktop Pile Sync
	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 latter from the bank showing your bank account details. Transaction values and/or bank account details.	Bank Control Key. No Choice
0	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	1
ii.	3.8 Email Address for Rebate Advice ()	ashitha k@sigmahealthcare.com.au
	3.9. Postal Address for Purchase Orders (If different to Protal 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 reopen 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.



What else you need to know:

How we work with indirect suppliers

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L	

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 the accpay@sigmahealthcare.com.au email 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.

Please **include your Purchase Order number** and the name and email address of the Sigma Healthcare Representative who placed the order with you on your invoices.

Note: This does not currently apply to our subsidiary business MPS. Pease 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 all 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 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?

Prior to delivering your goods or services, 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:

ncluded on your invoice to ensure payment per our 'No PO, No Pay' policy.	Sigma Healthcare	Sigma Company Limited Anno 122 22 Martine Namite Nation Tel. Ma. (23):22152015 Tel. Ma. (23):22152015		PURCHASH PO No. 411 PO Date: 0 Pa	E ORDER 00000262 1/04/2021 ge 1 of 1
Vendor Number Your Vendor Number will appear here.	Experience EXTRACTLE REVENTLE RE- INCEDENTRACE VICE, 2000 Tick, Max, 1980 (22 1/23 Ferk, Max, 1980 (22 1/23) Delivery Tick Experience Statement Revents Max Tarris	-	Buyer's Morrandi Gunta da Tal Ba Fet Ba E Marty Rr. (Marca Tar Ba E Marty Rr. (Marca Tar Ba Tar Ba Barty Rr. (Marca Tar Ba Tar Barty Rr. (Marca Tar Barty Rr	تعیر اور اور اور اور اور اور اور اور اور او	
nstructions:	Annuni: SP77780 Banking Indramban: CENTAL ORDER Bynakis Indramban: Çingyara Kama Kadanisi Annun	news) accounts Trigkaan Arawylle Octozej Awawing Alf 13 Bin Gase Lager and Suffler Awae Pleage Englare (2000 Dealary 	Spayableinvoices@sigmahealthca TO ASSAME: A THE ALL DELMERSE & ASSAME AT (IKSAM) DC BY CONTRACT Quantity	Ire.com.au BALIGT HAARE THE 21. UoM Amount (Ex. G8T)	SubTotal (Ex. G8T)
Any special delivery or	00010 10005455 400001	EZAMPLE PRODUCT EMALPCSIZE(1001234	ų aa	EA 1.0	0 1,000.08
				Miguity	1,000,01
	For Parsiano Gain Tama & Can	aliza, piano vial <mark>de citano (</mark> ince con o		Malayu Biy a Garoundes Tadagalaga	1000.00 000 1000.00

* 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?

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 <u>no network fees</u> 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