

Supplier:
SAP Business Network Account Creation and Registration

This job aid provides step-by-step guidance for suppliers to create an SAP Business Network account and complete the External Questionnaire registration form. Completion of registration establishes the supplier’s SAP Business Network account and allows the requesting hospital to do business with the supplier.

Completion of the registration form is required before a supplier can maintain their own profile (e.g., name, address, and bank information) directly in Ariba Supplier Lifecycle Performance (SLP). The supplier has 30 days to complete the questionnaire before it expires; they will receive multiple reminder emails from the system.

Note: Registration does not enable a supplier to transact with customers through the SAP Business Network.

This job aid lists the following steps:

- Supplier sets up an account on the SAP Business Network
- Trade/Non-Trade Supplier completes the External Questionnaire received in the registration email in Ariba Supplier Lifecycle Performance (SLP)

Transaction Names	Fiori Apps / Transaction Codes / Interface
Create SAP Business Network Account	SAP Business Network, SAP Ariba Supplier Lifecycle Performance (SLP)
Complete and Submit External Questionnaire	SAP Business Network, SAP Ariba Supplier Lifecycle Performance (SLP)

Disclaimer:

- The screenshots in this job aid represent what you will see when working in SAP SLP and the SAP Business Network. You may notice some variation between the screenshots in this document and the live system.

Create SAP Business Network Account



Once the hospital approves the new supplier request, the system sends an email notification to the requestor, as well as an email notification to the supplier to register on the SAP Business Network and complete the external questionnaire.

Step 1: In the invitation email, click the **Click Here** hyperlink to begin registration.

From: <s4system-prod+mohawkmedbuy.Doc5727262339@ansmtp.ariba.com>
Sent: June 18, 2026 1:41 PM
To:
Subject: Action Required: Register to become a supplier with Mohawk Medbuy Corporation Supplier Registration for

Mohawk Medbuy Corporation

Register as a supplier with Mohawk Medbuy Corporation

Hello,
as invited you to register to become a supplier with Mohawk Medbuy Corporation.

On behalf of the member hospitals listed below, MMC supports supplier onboarding and vendor information centrally through the SAP Business Network (Ariba Network).

Member Hospitals Supported by MMC:

- Lakeridge Health
- North York General Hospital
- Scarborough Health Network
- Sinai Health
- Sunnybrook Health Sciences Centre
- Toronto East Health Network / Michael Garron Hospital
- Women's College Hospital

Required Action

Please complete the online supplier registration as soon as possible after receiving this invitation. **Timely completion of this process is important and failure to complete registration may result in delays in purchase order processing and invoice payments.**

Getting Started

If your organization already uses the SAP Business Network, simply sign in with your existing username and password. If not, you can quickly create a free account and complete the supplier registration using the link in this invitation.

1

[Click Here](#)

Once you're set up, you'll be able to keep your company information up to date (such as your name, address, and banking details) and easily receive orders and submit invoices to Mohawk Medbuy and its member hospitals.

You are receiving this email because your customer, Mohawk Medbuy Corporation, has identified you as the appropriate contact for this correspondence. If you are not the correct contact, please contact Mohawk Medbuy Corporation.

Create SAP Business Network Account



Step 2: An SAP Business Network page displays with the following options:

- Review Accounts:** If a Supplier is unsure whether they have an existing account, click Review Accounts to check. Reset username and/or password if needed.
- Use existing account:** If the Supplier has an existing SAP Business Network account, they may use that account to register with MMC. Click **Use existing account**, log into the **SAP Business Network**, and go to **Step 15**.
- Create new account:** If the Supplier does not have an existing SAP Business Network account, click **Create new account**.

Connect with Mohawk Medbuy Corporation on SAP Business Network to collaborate.

We found existing accounts based on the information you entered. Please review.

Review Accounts 2a

or

Use existing account 2b ⓘ

Create new account 2c ⓘ

Step 3: Choose a **Data Center** location and click **Next**. Click **Confirm** to bypass the **Note**.

Choose a Data Center

Your account and profile will be created and maintained in the chosen data center

3

☒ USA: Quincy, WA

☐ Netherlands: Amsterdam

☐ Saudi Arabia: Dammam [Public Sector]

Next

Note

You can change the selected data center only until the account creation process is completed. To make changes, start the onboarding process again by returning to Data center picker page, where the required Data center can be selected again.

Confirm Cancel

Create SAP Business Network Account



Step 4: Verify your email and click **Proceed**.

Verify your email before you proceed...

Please provide the email that you want to use to create your new account.

Email: *

shannonking@shaw.ca

Proceed

Step 5: The system sends a one-time passcode to your email. Enter the passcode and click **Continue**.

Hello,

Your One Time Password (OTP) is : 199731

Enter the OTP to start your registration for SAP Business Network.

This OTP is **valid for 30 minutes**. If you do not enter the correct OTP within that time, you may request a new OTP.

Sincerely,
SAP Business Network

Enter your One Time Password

Please enter your one time password sent to shannonking@shaw.ca. Your password expires in 30 minutes.

1 9 9 7 3 1

Continue

Create SAP Business Network Account



Step 6: Enter your **Company Information**. Some details are auto-populated from the Supplier Request Form that was initiated by MMC or the hospital. Supplier can update these details and add additional details, as required. Any field with an asterisk (*) is mandatory.

Step 7: Enter a **Password** and **Repeat Password**. Select the checkboxes corresponding to the terms and conditions to proceed.

Step 8: Complete the **Captcha** verification.

Step 9: Click **Create account** to create a new SAP Business Network account.

Create an account to connect and collaborate with Mohawk Medbuy Corporation on SAP Business Network

Company Information

DUNS Number:

What is a DUNS number?

Company Legal Name: *

Country / Region: *

Address Line 1: *

Address Line 2:

City: *

Province: *

Postal Code: *

Administrator Account Information

Name: *

Email:

☒ Use my email as my user name

Password: *

Repeat Password: *

☐ 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

Create account

Create SAP Business Network Account



Step 10: You may be prompted to review existing accounts that are similar to the information you entered. Select to review or click **Continue account creation**.

Create an account to connect and collaborate with Mohawk Medbuy Corporation on SAP Business Network

We found existing accounts based on the information you entered. Please review.

Review Accounts

or

Continue account creation

Step 11: A message displays indicating you will soon receive an email confirmation once your account is created. Refer to the confirmation email for your SAP Business Network ID (ANID) required at Step 34.

You are almost done

You will soon receive an email confirmation once your account is created. Please wait a moment. The page will automatically redirect once the process is complete.

Step 12: You are prompted to update your company profile. Click **Update**.

Update your company profile

You must provide your products and service categories and ship-to or service locations so that you can be discovered by customers searching for companies like yours.

Update Sign Out

Create SAP Business Network Account



Note: Refer to the **Welcome to SAP Business Network** email for your **SAP Business Network ID (ANID)** required at Step 34.


Welcome to SAP Business Network

From: SAP Business Network

To: Shannon King



Welcome to SAP Business Network

Dear

Please find your account information below:

- Company name
- User name
- SAP Business Network ID AN ←
- Business Network
- Administrator email

Get Started

Follow these steps to set up your account:

- 1. Complete your company profile**
When you log in, you will see a customer-specific page with information they have requested.
- 2. Update your company profile**
Potential customers can search for and review profiles to discover business opportunities.
- 3. Explore SAP Business Network Discovery**
Find and participate in a variety of business opportunities.

Sincerely,
SAP Business Network

Create SAP Business Network Account



Step 13: The **Edit Products and Services** screen displays. Enter your company's products and services (minimum one) by typing in key words and **clicking to select** from the options. Alternatively, you can **drill down** on categories. Selected categories do not need to be exact and do not impact how suppliers transact with customers. Enter a **Ship-to or Service Location** as well.

Edit Products And Services

Please correct any errors before continuing

Product and Service Categories Ship-to or Service Locations Industries

Enter your company's products and services. Postings made by buyers will be matched to you based on the product and service categories you enter below.

Product and Service Categories: *

Selected categories (0)

Step 14: Once you have selected a least one Product and Service Category and Ship-to or Service Locations, click **Save**.

Edit Products And Services

Product and Service Categories Ship-to or Service Locations Industries

Add the locations your company ships to or serves. Buyers and their postings are matched to you based on the locations in your profile. If you have global capabilities, toggle on "Serve globally". After adding locations, click the building icon to mark locations with a physical presence. The icon will be highlighted when selected.

OFF Serve Globally

Ship-to or Service Locations: *

Selected locations (1)

Calgary - Alberta

Save Cancel

Complete Supplier External Questionnaire



Step 15: The **SAP Business Network** portal displays on the **Proposals and Questionnaires** tab. Click the **Supplier registration questionnaire** link.

Note: Use the tabs at the top of the screen to navigate between the different areas.

The screenshot shows the SAP Business Network portal interface. At the top, there's a navigation bar with tabs: Home, Enablement, Store, Discovery, Workbench, Assessments, Insights, and Proposals-Questionnaires & Contracts. The 'Proposals-Questionnaires & Contracts' tab is selected. Below this, there's a 'Proposals and Contracts' section. On the left, under 'Customers (1)', a search bar shows 'Mohawk Medbuy Corporation'. On the right, under 'Registration Questionnaires', a table lists various questionnaires. The 'Supplier registration questionnaire' is highlighted with a red box and a yellow circle containing the number 15. The table also shows columns for Title, ID, End Time, Event Type, and Participated.

If you are an existing vendor, after logging into the **SAP Business Network**, you may need to navigate to the **MMC Registration Questionnaire** by clicking the **Business Network** drop-down menu and selecting **Ariba Proposals & Questionnaires**. Click the **Mohawk Medbuy Corporation** tab.

The screenshot shows the SAP Business Network portal interface. At the top, there's a navigation bar with tabs: Home, Enablement, Store, Discovery, Workbench, Assessments, Insights, and Proposals-Questionnaires & Contracts. The 'Proposals-Questionnaires & Contracts' tab is selected. Below this, there's a 'Proposals and Contracts' section. On the left, under 'Customers (1)', a search bar shows 'Mohawk Medbuy Corporation'. On the right, under 'Registration Questionnaires', a table lists various questionnaires. The 'Supplier registration questionnaire' is highlighted with a red box and a yellow circle containing the number 15. The table also shows columns for Title, ID, End Time, Event Type, and Participated.

Complete Supplier External Questionnaire



In the **Supplier registration questionnaire**, navigate through all the sections to populate all the mandatory fields marked with a red asterisk (*). Mouse over the info icon (i) to reveal more instructions.

Step 16: Under **General Information**, validate/enter the Supplier legal name and contact name, title, email, and phone number (no spaces).

IMPORTANT: Leave 1.6 Business Registration Number field blank.

Console

Doc5594134085 - Supplier registration questionnaire

Event Messages

Event Details

Response History

Response Team

▼ Event Contents

All Content

1 General Information

2 Company Address

3 Business Classification

4 Products/Services Of...

5 Banking & Payment

6 Tax & Compliance

7 Ariba Network Setup

8 Additional Information

All Content

Name ⓘ

▼ 1 General Information (In UPPER CASE)

1.1 Legal Operating Name ⓘ
Special characters or punctuations are not allowed ⓘ

1.2 Operating Name 2 - Doing Business As (if different from Legal Name) ⓘ
Special characters or punctuations are not allowed ⓘ

1.3 Name, continued or alternate name (3) ⓘ
Special characters or punctuations are not allowed ⓘ

1.4 Name, continued or alternate name (4) ⓘ
Special characters or punctuations are not allowed ⓘ

1.5 Name, continued or alternate name (5) ⓘ
Special characters or punctuations are not allowed ⓘ

1.6 Business Registration Number ⓘ

1.7 DUNS Number ⓘ

1.8 Year Established ⓘ

1.9 Primary Contact First Name ⓘ

1.10 Primary Contact Last Name ⓘ

1.11 Primary Contact Title ⓘ

1.12 Primary Contact Email ⓘ

1.13 Primary Contact Phone ⓘ

* BAXTER CORPORATION CANADA

No spaces in phone number

Step 17: Email address for EFT payment is how the supplier is notified when an EFT payment is made.

1.16 Email address for EFT payment ⓘ

*

Complete Supplier External Questionnaire



Step 18: Under **Company Address**, the Supplier validates the information (defaulted from the Supplier Request form; must be in ALL CAPS).

Name 1

▼ 2 Company Address (in UPPER CASE)

▼ 2.1 Head Office Address

2.1.1 Primary Vendor Address
Postal Code for CA - Format must be xxxx xxx Make sure there is a space
Postal Code for US - Format should be xxxxx or xxxxx-xxxx
Add "Unit Number" under the Street 2

Street: DUNDAS ST House Number: 500

Street 2: Street 3: District: Postal Code: L1L 1T1 City: TORONTO

Country/Region: Canada (CA) State/Province/Region: Ontario (ON)

Street name only

Unit number

Postal code format: X1X 1X1

House number only

18

Step 19: General Email Address can be the same as the contact email.

Step 20: Are POs issued to the Head Office address? If POs are issued (i.e., goods and services delivered) to a different address than the Head Office, select No, then populate the Shipping Address section (2.2).

Step 21: Are Invoices paid to the Head Office address? If invoices are initiated from and paid to a different location than the Head Office, select No and populate the Payment Remittance Address details (2.3), including the Email address for EFT payment.

2.1.2 General Email Address

2.1.3 Are PO's issued to the Head Office address?

2.1.4 Are Invoices paid to the Head Office address?

Unspecified

Unspecified

19

20

21

Step 22: Under **Business Classification**, enter the **Type of Business** (e.g., Manufacturer, Distributor, Service Provider) and **Business Structure** (e.g., Corporation, Partnership, Sole Proprietor).

Step 23: Select **Yes** if your company meets **Ontario BPS (Broader Public Sector)** criteria (i.e., headquarters or main office in Ontario and/or at least 250 full-time employees in Ontario at the time of the applicable procurement process). Select **No** if you answered no to both questions.

▼ 3 Business Classification

3.1 Type of Business (Manufacturer, Distributor, Service Provider, etc.)

3.2 Business Structure (Corporation, Partnership, Sole Proprietor, etc.)

3.3 Province of Incorporation

3.4 Diversity Certifications - Attach certification (Example: Indigenous, Canadian Aboriginal and Minority Supplier Council (CAMSC), Women Business Enterprises Canada Council (WBE Canada))

3.5 Sustainability Certifications - ISO 14001, EcoLogo, LEED, etc. please provide proof of insurance and add a line for amount insured

3.6 BOBI Criteria (if applicable) - Indicate if your company meets Ontario BPS criteria

Unspecified

Unspecified

Unspecified

Unspecified

Unspecified

22

23

Complete Supplier External Questionnaire



Step 24: Under **Products/Services Offered**, all fields are optional.

▼ 4 Products/Services Offered		24
4.1 Product/Service Categories - List of goods/services provided		
4.2 UNSPSC Codes (if known)		(select a value) [select]
4.3 GTIN Code Availability - ⓘ		Unspecified ▼

Step 25: Under **Banking & Payment**, select the **Payment Currency** and **Accepted Payment Methods for the Hospitals to pay the vendor**. **Early Payment Discounts** is optional.

▼ 5 Banking & Payment		25
5.1 Payment Currency - CAD, USD, or other ⓘ		* Unspecified ▼
5.3 Early Payment Discounts ⓘ		Unspecified ▼
5.4 Accepted Payment Methods for the Hospitals to pay the vendor		* Unspecified ▼

Step 26: If **ACH**, **EFT**, or **WIRE** is selected as the payment method, banking details and a void cheque or direct deposit form are required. Click **Add Bank Details**.

▼ 5.5 ACH / EFT / WIRE Payment Info		26	26
5.5.1 Bank Details		Add Bank Details (0)	
5.5.2 Attach Void Cheque or Direct Deposit Form			* Attach a file

Step 27: Click the **Add Bank Account Details** button.

All Content > 5.5.1 Bank Details
Bank Details (0)

Name ↑

27
Add Bank Account Details

Complete Supplier External Questionnaire



Step 28: Click to **expand** the **Bank Details** screen and **review all the instructions**.

Step 29: Populate the **banking details**. If any details are not entered in the required format, it causes a system error and may require rework. The hospital Data Steward will contact the supplier directly to update.

TIP: Refer to your bank's Direct Deposit Form instructions to ensure you have the correct details (e.g., [TD Canada Trust](#)). Code layout on cheques may vary by bank.

Banking Details:

- **Bank Type:** Select from drop-down
- **Country/Region:** Select from drop-down
- **Bank Name:** Enter name
- **Bank Branch (Transit):** Refer to your bank website or cheque; must be 5 digits
- **Street:** Enter street number and name
- **City:** Enter name
- **State/Province/Region:** Abbreviated form (e.g., ON)
- **Postal Code:** Format **M2M 2M2**
- **Account Holder Name:** Enter name
- **Bank Key (ABA Routing Number) 9-digits:** 0 + Financial Institution Number (e.g., 004) + Branch number (e.g., 12345) = e.g., 000412345
- **Account Number:** Refer to cheque (e.g., 1234567). For banks with a Canadian address, the account number should not exceed 12 digits, for U.S., 17 digits.
- **Optional: SWIFT Code (Bank Identifier Code):** Refer to your bank website (e.g., [TD Canada Trust](#) SWIFT Code is TDOMCATTTOR)
- **Bank Control Key:** No selection required

Complete Supplier External Questionnaire



Note: There is an option to add additional Bank Accounts if needed.

Step 30: Click the **Save** button.

30

Save
Cancel

Clicking Save will only save your Repeatable Section answers. To submit your response, you will need to click Save and then click **Submit Entire Response** on the main screen.

All Content > 5.5.1 Bank Details

Bank Details (1)

Name ↑	Delete	
Bank Account Details #1 Bank Account (The field "Bank Key/ABA routing #" = 0 + Bank institution # + Branch #) ***IMPORTANT***: 1) The Bank branch number is 5 digits. 2) For Bank's address in Canada - Bank account number should not exceed 12 digits. 3) For Bank's address in US - Bank account number should not exceed 17 digits. 4) Bank Branch # is Bank Transit # Bank Type: Domestic ▾ Country/Region: Canada ▾ Bank Name: TD Canada Trust Bank Branch: 00291 Street: 3630 Brentwood Rd NW City: Calgary State/Province/Region: AB Postal Code: T2T 2T2 Account Holder Name: Shannon King Bank Key/ABA Routing Number: 000400291		

Add an additional Bank Account Details
(*) indicates a required field

Step 31: Once the Bank Details are added, click to attach a **Void Cheque** or **Direct Deposit Form** (available on your bank website).

▼ 5.5 ACH / EFT / WIRE Payment Info

5.5.1 Bank Details	Add Bank Details (1)
5.5.2 Attach Void Cheque or Direct Deposit Form	31 Attach a file

Step 32: Add the file and click **OK**.

32

Add Attachment

OK
Cancel

Enter the location of a file to add as an Attachment. To search for a particular file, click **Browse...** When you have finished, click **OK** to add the attachment.

Attachment: Choose File No file chosen

Or drop file here

Complete Supplier External Questionnaire



Step 33: Under Tax & Compliance, all fields are optional – leave blank.

6 Tax & Compliance	
6.1 CRA Business Number ⓘ	
6.2 Tax code (Numerical references used in tax filings to categorize income types, expenses, and deductions) ⓘ	
6.3 Insurance Certificates ⓘ	
6.4 WSIB Account Number (Ontario vendors) ⓘ	
6.5 Health & Safety Declaration ⓘ	
6.6 Tax Number Details	Country/Region: (no value) ⓘ

Step 34: Under Ariba Network Setup, enter the following information:

- Ariba Network ID (ANID)** (i.e., Business Network ID): Can be found on the **Welcome to SAP Business Network** email from **Ariba Commerce Cloud** when the account was **set up** (e.g. **Business Network ID: AN1130155888-T** from page 7) or in the SAP Business Network under your **business network profile**.
- Ariba Contact Email**: Consider using a shared mailbox for continuity and visibility. This is where all system notifications, alerts, and communications from the **SAP Business Network** will be sent.
- Ariba Role Access**: Admin (person who will manage this account)
- Ariba Support Needed?**: Select **Yes** to have the **hospital Data Steward** who reviews the External Questionnaire contact the **Supplier** upon receipt. Otherwise click **No**.

7 Ariba Network Setup	
7.1 Ariba Network ID (ANID)	
<i>For the new vendors, The ANID is the Business Network ID which can be found in the Welcome to SAP Business Network email. For the Legacy vendors, please find the ANID under your business network profile.</i>	
7.2 Ariba Contact Email ⓘ	
7.3 Ariba Role Access ⓘ	
7.4 Ariba Support Needed? If yes, please send an email to SAPSuppliers@mohawkmedbuy.ca ⓘ	Unspecified

34

Step 35: Under Additional Information, all fields are optional.

8 Additional Information	
8.1 BPS Declarations ⓘ	☐ Follow Ontario BPS Procurement Directive ☐ Comply with applicable trade agreements (e.g., CFTA, CETA) ☐ Agree to audit rights and transparency clauses
8.2 Bill S-211 ⓘ	☐ Fighting Against Forced Labour ☐ Fighting Against Forced Child Labour in Supply Chains Act
8.3 Notes or Comments ⓘ	

Complete Supplier External Questionnaire



Step 36: Click to Submit Entire Response. There are also options to Save draft, Compose Message, or Excel Import.

Step 37: Click OK.

Step 38: A message displays indicating the response has been submitted.

On successful submission of the questionnaire, the hospital contact receives an email notification.

Fyi: CORPORATION CANADA has sub...

Ariba Administrator <no-re|
To

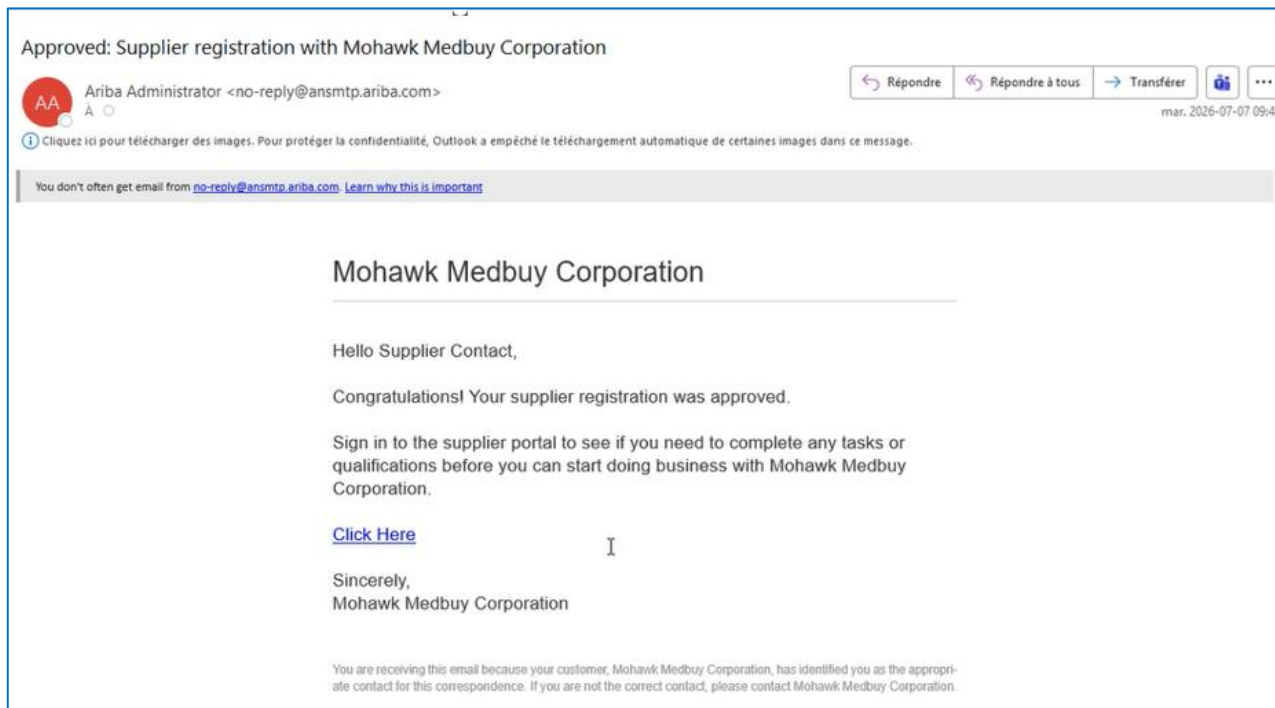
CORPORATION CANADA submitted registration info.

For your information, CORPORATION CANADA submitted registration info to become a supplier with Mohawk Medbuy Corporation-TEST. The information will be reviewed for approval of the registration. You will be notified when next steps require your attention.

Complete Supplier External Questionnaire



The **supplier** receives an email notification when their external questionnaire has been approved.



Notes:

- The Supplier has 30 days to complete the questionnaire. They will receive multiple reminder emails. If not completed within this period, the request expires, and the Requisitioner will need to reinvite the Supplier to restart the process
- If the Supplier needs to be re-invited, the Supplier should reach out to their hospital contact who can ask the Data Steward to re-invite the Supplier.
- On the External Form, there is a question asking the Supplier if they require support. If the Supplier indicates that they do, the Data Steward is notified and will contact the Supplier directly using the contact information provided in the Supplier Request form