

VENDOR / SUB CONTRACTOR REGISTRATION FORM

1)	Name of Vendor/Subcontractor	:	
2)	Communication Details		
	Address	:	
	Tel #	:	
	Fax #	:	
	Tlx #	:	
	E-Mail Address	:	
	Contact Person	:	
	CR (Company Registration No)	:	

3)	Business Type (√ whatever is appropriate)	: Manufacturer	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		If Yes,	Local	<input type="checkbox"/>	Foreign	<input type="checkbox"/>
		Trader	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		Authorised Dealer	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		Stockist	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		Contractor	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		<u>Please tick Category:</u>				
		Civil / Mechanical / Electrical / All / Others				

4)	a) Vendor's Major Products / Services / Agencies	:	
	b) Subcontractor scope of work (proposed)	:	

5)	Third Party Certification to International Standard	: ISO 9001	<input type="checkbox"/>
		ISO 14001	<input type="checkbox"/>
		Others	<input type="checkbox"/>
		If other please specify	_____

12)	Attaching following certificates/documents, as applicable.	
	i) Certificate of Performance of supplies to prestigious clients/projects	Yes <input type="checkbox"/> No <input type="checkbox"/>
	ii) Largest Order (in terms of amount & quantity, etc) executed so far with details	Yes <input type="checkbox"/> No <input type="checkbox"/>
	iii) Latest Company Brochure	Yes <input type="checkbox"/> No <input type="checkbox"/>
	iv) Resources (List of Equipment, Technical & Non technical manpower)	Yes <input type="checkbox"/> No <input type="checkbox"/>
	v) Technical Literature of company products	Yes <input type="checkbox"/> No <input type="checkbox"/>
	vi) CR (Company Registration) copy	Yes <input type="checkbox"/> Mandatory
	vii) Computer Card showing Company Authorized Signatories (for local vendors).	Yes <input type="checkbox"/> Mandatory
	viii) Municipality Certificate (For local Vendors).	Yes <input type="checkbox"/> Mandatory
	ix) Tax Card (For Local Service Vendors)	Yes <input type="checkbox"/> Mandatory
	x) Chamber of Commerce Registration Certificate Copy.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	xi) Any other documents, please specify	Yes <input type="checkbox"/> No <input type="checkbox"/>

We declare the above information is True to our best of knowledge.

Company's Authorised
 Person's Signature :
 Designation :
 Seal of Company :

For Galfar use only:-

The above Subcontractor is		The above Subcontractor/Vendor
Recommended to Include in the Approved Subcontractor List	Evaluated & Approved	Reviewed & Included in list
Unit / Dept. Head	Head (QHSE)	DGM (Purchase)
Date :	Date :	Date :