

VENDOR / SUB CONTRACTOR REGISTRATION FORM

Date:

1)	Name of Vendor/Subcontractor	:	
2)	Communication Details		
	Address	:	
	Tel #	:	
	Fax #	:	
	Website:		
	CR (Company Registration No)	:	Expiry Date:
	Tax Card No. (Applicable for service vendor)	:	Expiry Date:
	ICV Rating	:	Date:
	Company Established on	Year -	
	Last year turnover (Approx.)	Year -	Cur – QAR /USD
	No. Of employees	:	
	Office Area	:	Sq. Mtr.
	Factory / Warehouse area	:	Sq. Mtr.
	Managing Director / CEO Name & e-mail address	:	
	Operations Head Name & e-mail address	:	
	Sales Head Name & e-mail address	:	
	Finance Head Name & e-mail address	:	
	Quality Head Name & e-mail address	:	

3) Health Safety Environment	
Health Safety & Environmental policy? (Yes / No)	:
Details competent Health Safety Environment team:	:

Details of person responsible for HSE Name & Email address, contact No.	:	
Any formal Health/Safety notices or prosecutions in the last 3 years? (Yes/No) If Yes, Provide details.	:	
Safety statistics details of last 3 years.	:	

4) 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"/>
	Authorized 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					

5)	a) Vendor's Major Products	
	b) Subcontractor Major scope	

6)	Third Party Certification to International Standard:	: ISO 9001	<input type="checkbox"/>
		ISO 14001	<input type="checkbox"/>
		OHSAS 18001 / ISO 45001	<input type="checkbox"/>
		TS-29001	<input type="checkbox"/>
		SA-8000	<input type="checkbox"/>
		If other, please specify	_____

13)	Following certificates/documents attached, as applicable.	Attach details
	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 & ISO Certificates	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"/>
	xii) ICV Certificate	Yes <input type="checkbox"/> No <input type="checkbox"/>

Remarks:

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

Company's Authorized Person's Signature :
Designation :

Company Stamp :