

VENDOR / SUB CONTRACTOR REGISTRATION FORM

Date:

1	Name of Vendor / Subcontractor			
2	Communication Details			
	Post Box			
	Zone #		Street #	
	Building #		Floor #	
	Office #			
	City		Country	
	Tel #			
	Fax #			
	Website			
	CR # (Company Registration)		Expiry Date	
	Tax Card # (Qatar)		Expiry Date	
	International Tax #		Expiry Date	
	ICV Rating (Qatar)		Date	
	Company Established Year			
	Last Year Turnover (Approx.)	Year		QAR / USD -
	Number 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:	
	Name & Email Address & Contact Number.	
	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 <u>Please tick Category:</u> Civil / Mechanical I/ Electrical / All / Others	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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"/>
		ISO 45001	<input type="checkbox"/>
		TS-29001	<input type="checkbox"/>
		SA-8000	<input type="checkbox"/>
		If other, please specify	_____

7	Vendor / Subcontractor is	i) Client Preferred Supplier	Yes	<input type="checkbox"/>
			No	<input type="checkbox"/>
		If Yes, Client Name: QP/QATAR GAS /RAS GAS/QAPCO/KAHRAMAA QAFCO/ASHGHAL/SHELL/OXY/TOTAL Etc....		
7	Vendor / Subcontractor is	ii) Client Nominated Supplier	Yes	<input type="checkbox"/>
			No	<input type="checkbox"/>
		If Yes, Client Name:		
7	Vendor / Subcontractor is	iii) Associated with Galfar }	Yes	<input type="checkbox"/>
		Group of Companies }	No	<input type="checkbox"/>
		If yes, Specify...		
8	Direct Representative of Manufacturer			
9	Presence in other Countries Other than Qatar	Country Names:		
10	Principal Office, if any, details may be provided			
11.A	Bank details - Bank Name			
	Branch			
	Account No.			
	IBAN			
	Swift			
	A/c. Operating personnel & other details if any			
11.B	Please Specify Payment Terms	90 Days Credit (Mandatory)		
12	Additional Information, if any.			

13	Following Certificates/Documents Attached, as applicable.	Attachment Details
	i) Certificate of Performance of Supplies to Prestigious Clients/Projects	Yes <input type="checkbox"/> No <input type="checkbox"/>
	ii) Largest Order executed so far with details (In terms of Amount & Quantity, etc.)	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) International Tax Copy	Yes <input type="checkbox"/> Mandatory
	viii) Computer Card -Authorized Signatories (for Local Vendors).	Yes <input type="checkbox"/> Mandatory
	ix) Municipality Certificate (For local Vendors).	Yes <input type="checkbox"/> Mandatory
	x) Tax Card (For Local Service Vendors)	Yes <input type="checkbox"/> Mandatory
	xi) Chamber of Commerce Registration Certificate Copy.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	xii) Any Other Documents, please specify	Yes <input type="checkbox"/> No <input type="checkbox"/>
	xiii) ICV Certificate (Qatar)	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:

