

 VENDOR PREQUALIFICATION FORM	Reference:	PROC-F-31
	Rev:	3
	Date of Issue	16/02/2014

1.0 GENERAL INFORMATION

VENDOR NAME		
VENDOR BUSINESS SECTOR/SPECIALTY		
VENDOR CONTACT PERSON:		
VENDOR PHONE:		
VENDOR ADDRESS:		
VENDOR EMAIL:		
TYPE OF MATERIAL/SERVICES (AS PER COMMERCIAL REGISTRATION) <i>If services, complete page #3 (mandatory)</i>		
WORK HISTORY LIST:	PROVIDE ATTACHMENTS	<input type="checkbox"/> YES <input type="checkbox"/> NO
SAUDIZATION %, GOSI Certificate <i>NA for global vendors</i>		
NETAQAT STATUS, documents required <i>NA for global vendors</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ANY PROJECT OVER SR ONE MILLION FOR THE LAST 3 YEARS? <i>If yes, please attach list of all the projects completed.</i>		
BANK DETAILS IBAN #, BANK NAME, ACCT NUMBER ETC.		
NEW ZAKAT/TAX CERTIFICATE <i>NA for global vendors</i>	DATE OF EXPIRATION	DATE RENEWED
NEW CHAMBER OF COMMERCE SUBSCRIPTION <i>NA for global vendors</i>	DATE OF EXPIRATION	DATE RENEWED
NEW BUSINESS REGISTRATION <i>NA for global vendors</i>	DATE OF EXPIRATION	DATE RENEWED

Note: copies shall be attached for the above

2.0 MAJOR FIELD OF ACTIVITIES

I. MATERIALS

SN	DESCRIPTION OF MATERIALS

NOTE: If needed, attach a supplementary sheet, catalogues..

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II. SERVICES

SN	DESCRIPTION OF SERVICES OFFERED

3.0 DETAILS OF MAJOR SUPPLIES/PROJECTS COMPLETED DURING THE LAST THREE YEARS

SN	Description of major Supplies/Projects	Client	Total Amount	Remarks

NOTE: verification documents required, like PO's, Contracts, etc..

4.0 DETAILS OF CURRENT MAJOR PROJECTS

SN	Description/Details of Project	Client	Estimated Cost	Completion Date

5.0 DETAILS OF MANPOWER CATEGORIES PRESENTLY AVAILABLE

SN	Category	No. of manpower	Nationality

7.0 DETAILS OF MANUFACTURING FACILITY AVAILABLE

NOTE: Details may be provided.

8.0 DETAILS OF KEY PERSONNEL OF ORGANIZATION

SN	Name	Position	Experience	Tel #, Fax #, Email

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9.0 EHSS MANAGEMENT SYSTEMS & POLICY

1	EHSS POLICY SYSTEM		
1.1	Does your company have an EHSS Policy/System? If yes, please provide your EHSS policy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1.2	Does your company have EHSS plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1.3	If yes, does your company communicate this plan with your employees? If yes, please attach your plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	LEGISLATIVE REQUIREMENTS		
2.1	How your company does: (a) keep up to date with changes in EHSS legislation, Industry specific requirements; and (b) Ensure all changes are incorporated in the work procedures and practices?		
	<input type="checkbox"/>	Automatic updates are received and incorporated	
	<input type="checkbox"/>	Resources are allocated – to keep up to date with changes (manually)	
	<input type="checkbox"/>	Reliant on individuals to keep up to date with changes	
	<input type="checkbox"/>	No updates in legislation are monitored/incorporated	
<i>Please attach brief supporting details/documents</i>			
3	EXTERNAL AUDITS/SELF AUDITS		
3.1	To what level is your company's safety system certified in Safety standards? (Example : ISO / OHSAS / Responsible Care...etc)		
	<input type="checkbox"/>	Fully certified (provide accreditation details below)	
	<input type="checkbox"/>	Over 80% of systems developed and/or scheduled for first certification audit by third party	
	<input type="checkbox"/>	Have commenced preparation for certification	
	<input type="checkbox"/>	No certification	
<i>Please attach accreditation details (type and year when accreditation was awarded)</i>			
3.2	Does your company conduct (internal) audits of its own operations?		
	<input type="checkbox"/>	Yes, internal audits are conducted regularly by qualified personnel	
	<input type="checkbox"/>	Yes, internal audits are conducted when time allows	
	<input type="checkbox"/>	No, internal audits are not conducted currently but have been in the past (discontinued temporarily)	
	<input type="checkbox"/>	No, internal audits are not conducted	
IMPORTANT			
<i>Please attach the following documents:</i>			
<ul style="list-style-type: none"> - Internal Audit results registry (for last 2 years) - Corrective/Preventive Actions and Operational Control Results 			

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SPECIAL INSTRUCTIONS/INFORMATION

- In case of Manufacturer, details of manufactured products including related data sheets are required.
- In case of Authorized Agent or Distributor, submit copy of the endorsing letter from Manufacturer. Farabi Petrochemicals has the right to contact the Manufacturer directly for clarifications and/or business engagement.
- Catalogue, brochure of Company shall be submitted.
- When adding more categories after registration, Vendor has to submit separate pre-qualification request.

IMPORTANT NOTES:

- Vendor has read and accepted Farabi Petrochemicals PO/Contract general terms & conditions (www.farabipc.com/suppliers) as a reference that sets the way of conducting any possible future business with Farabi Petrochemicals unless stated otherwise.
- Any application that has invalid/outdated legislative/governmental requirements will be rejected.

SUBMIT A SOFT COPY OF COMPLETED REGISTRATION FORM AND ALL YOUR SUPPORTING DOCUMENTS IN HARD/SOFT COPIES.

DECLARATION

I declare that, the information provided above is true and correct and i understand that Farabi Petrochemicals has the right without any obligations/commitments to accept/reject this registration request.

NAME:

SIGNATURE:

DATE:

Duly filled Prequalification Form (Hard Copy) along with all supporting documents shall be sent to:

Sulaiman K. Al-Homaidan
Procurement Manager

Procurement Department
Farabi Petrochemical Co.
PO Box 11763.
Jubail Industrial City 31961
Kingdome of Saudi Arabia

For more information:

E-mail: proc-secretary@farabipc.com

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