



SP.10.02 VENDOR MANAGEMENT

**SP.10.02-F-01
SUPPLIER/VENDOR PREQUALIFICATION FORM**

1.0 GENERAL INFORMATION

SUPPLIER/VENDOR NAME		
NATURE OF BUSINESS		
CONTACT PERSON	Name: Designation:	
CONTACT DETAILS	Phone # : Fax #: Mob. #: Email:	
ADDRESS:	P.O BOX : ZIP CODE: CITY: COUNTRY:	
WORK HISTORY LIST:	PROVIDE ATTACHMENTS <input type="checkbox"/> YES <input type="checkbox"/> NO	
ANY PROJECT OVER SR ONE MILLION FOR THE LAST 3 YEARS?	<input type="checkbox"/> YES (<i>Attach list of all the projects completed.</i>) <input type="checkbox"/> NO	
BANK DETAILS	Bank Name : Account # IBAN #	
	Reference No.	Expiration Date
Business Registration Certificate <i>(for overseas supplier/vendor provide Business Permit or License)</i>		
Chamber of Commerce Registration Certificate <i>(Not required for overseas supplier/vendor)</i>		
GOSI Certificate <i>(Not required for overseas supplier/vendor)</i>		
Netaqat Certificate <i>(Not required for overseas supplier/vendor)</i>		
Saudization Certificate <i>(Not required for overseas supplier/vendor)</i>		
ZAKAT/TAX Certificate		
VAT Certificate <i>(Not required for overseas supplier/vendor)</i>		

Note: copies shall be attached for the above

2.0 MAJOR FIELD OF ACTIVITIES



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I. MATERIALS

SN	DESCRIPTION OF MATERIALS

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

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

7.0 DETAILS O KEY PERSONNEL OF ORGANIZATION

SN	Name	Position	Experience	Tel #, Fax #, Email

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
<p>IMPORTANT Please attach the following documents:</p> <ul style="list-style-type: none"> - Internal Audit results registry (for last 2 years) - Corrective/Preventive Actions and Operational Control Results 			

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.



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IMPORTANT NOTES:

- Supplier/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:

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

Tel: 00966 13 356 5091