**Local Company  International Company**

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| **General Information** |
| Company Name: |
| Abbreviated Company name (if any): |
| Legal Form or Business Structure:  (i.e. Public – Limited Liability Company – Sole Trader – Partnership – Corporation) |
| Registration No. (CR): |
| Year of Establishment: |
| Subsidiary of: |
| Parent Company: |

|  |  |
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| **Office/Factory/Warehouse location responsible for delivering goods/services ordered** | |
| Office/Unit/Building Name: |  |
| Head Office: |  |
| Factory/Warehouse: |  |
| Street/Area Name: |  |
| City: |  |
| Country: |  |
| P.O. Box/Postal Code: |  |
| Phone Number: |  |
| Fax Number: |  |
| Mobile Number: |  |
| Email: |  |
| Contact Person: |  |
| Designation: |  |
| Other Branches (Country / City): |  |

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| --- | --- |
| **Type of Activity** | |
| Agent-Distributor  Manufacturer  Dealer/Trader  Stockist  Workshop assembling activities  Engineering Company  Service Provider | Construction  Consultant  MEP  Accredited laboratory  Transport & Logistics  Materials  Others (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Normal Manufacturing/ Delivery lead time : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (After placing the Purchase Order) | |

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| **List of Products** | | | | | |
| **S. No.** | **Product Description** | **Manufacturer, Country** | **Annual**  **Capacity** | **Certifications** | **Remarks** |
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**Remarks: If you are Distributor/Agent Please specify the Manufacturers, which you represent and mention in remarks whether you are sole agent. Please attach Letter of Appointment from the Manufacturer.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **List of Required Supporting Documents (Please attach)** | | | | |
| **Documents** | **Yes** | **No** | **N/A** | **Remarks** |
| **Commercial:** |  |  |  |  |
| **Authorized Signatories Valid ID / Passport Copy** |  |  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Commercial Registration** |  |  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Chamber of Commerce Certificate** |  |  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Municipality Certificate** |  |  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Computer Card** |  |  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Company Signatory Identification Proof** |  |  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **QHSE:** |  |  |  |  |
| **ISO 9001 Certificate** |  |  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **OHSAS 18001 Certificate** |  |  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **ISO 14001 Certificate** |  |  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Quality Policy** |  |  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **HSE Policy** |  |  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **HSE Statistics for last 3 Years** |  |  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Financial:** |  |  |  |  |
| **Turnover for last 3 Years** |  |  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Bank references** |  |  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Organizational:** |  |  |  |  |
| **Organization Chart** |  |  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **List of Main Clients**  **(Email & Mobile No. of the Concerned Contact Person)** |  |  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Company Contact Details** | | | | | |
| **Designation** | **Complete Name** | **Telephone No.** | **Mobile No.** | **Fax No.** | **Email** |
| **Owner (s)** |  |  |  |  |  |
| **CEO** |  |  |  |  |  |
| **Managing Director** |  |  |  |  |  |
| **Purchase Manager** |  |  |  |  |  |
| **Purchase Asst.** |  |  |  |  |  |
| **Import Manager** |  |  |  |  |  |
| **Sales Manager** |  |  |  |  |  |
| **QA/QC Manager** |  |  |  |  |  |
| **Finance Manager** |  |  |  |  |  |
| **Other (Please Specify)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |  |  |

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| --- | --- |
| **Authorized Signatory** | |
| **Name:**  **Designation:**  **Mobile:**  **Email:**  **Phone:**  **Fax:**  **Date:**  **Signature:** |  |

***Certification***

I, the Undersigned, certify that all the information provided along with the attachments are true. I acknowledge and understand that the above request is only for Pre- Qualification /Registration to be a potential supplier in future for KHALIFA STEEL INDUSTRIES W.L.L. (Doha State of Qatar).

**Please Sign & Stamp:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **For KSI Official use only** | | |
| **Approved for use**  **Yes**  **No**  **Approved with Comments** |  | **Comments** |

|  |  |  |  |
| --- | --- | --- | --- |
| Khalifa Steel Industries W.L.L.  New Industrial Area, Pink Zone,  P.O. Box 24343, Doha – Qatar | Tel: +974 4444 1112  Fax: +974 4456 6561  Email: info@khalifasteel.com | C:\Users\User\Desktop\Logo-ISO-9001-Bureau-Veritas--e1386025258867.gif |  |