

**KHALIFA STEEL INDUSTRIES W.L.L.**

**SERVICE PROVIDER REGISTRATION FORM**

**(SPRF)**

***SERVICE PROVIDER REGISTRATION FORM – 2018***

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**(SPRF)**

**KHALIFA STEEL INDUSTRIES W.L.L**

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| **SERVICE PROVIDER NAME (IN CAPITAL):**  **DATE OF SUBMITTAL :**  **PREPARED BY :**  **DESIGNATION :**  **EMAIL :**  **TELEPHONE :**  **MOBILE :** |

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**INTRODUCTION:-**

We welcome you for showing interest in becoming part of Khalifa Steel Industries W.L.L.’s Service Providers.

In order to become potential partner, you need to fill the details about your esteemed company and sign our Code of Conduct Policy.

In case of a successful registration, you will receive an email confirmation from us.

Registration is only a process for showing interest in doing business with us and does not constitute a guarantee for business from Khalifa Steel Industries (KSI).

**POLICY ON CODE OF CONDUCT**

1. (Insert Company Name)………………………………………………………………………… agrees to conduct all its dealings with its management, employees and other business associates, in a very ethical manner and with the highest business standards.

2. All Partners with a business relationship with KSI shall comply with the highest level of integrity and ethical practices.

3. KSI, in its Code of Conduct strictly prohibits its employees from demanding/ accepting or payment of illegal gratification in the form of bribes or kickbacks either in cash or in kind in the course of all their dealings with outside parties.

4. KSI also requires the partner to refrain from giving or attempting to pay illegal gratification/ bribes/ kickbacks to any employee of KSI. Any attempts to provide such personal gratification to any employee will be viewed in a very serious manner and where there is confirmation of such instances, it may lead to:

• Cessation of all business dealings with the Service Provider.

• Blacklisting the Service Provider and its associates for any future business.

• Reporting of matter to law enforcement agencies.

• Appropriate legal action, where necessary.

5. The Partners will provide all possible assistance to each other in order to investigate any possible instances of unethical behavior or business conduct violations by an employee of the other. Either Party will disclose forthwith any breach of these provisions that comes to their knowledge to allow for timely action in their prevention and detection.

6. Any ethical or integrity issues observed or encountered while dealing with KSI shall be brought to the notice of the Higher Management.

**CODE OF CONDUCT: PARTNERS’ CERTIFICATION – TO BE COMPLETED ON COMPANY’S LETTERHEAD**

We certify that:

We have read, understood and complied with the policy on Code of Conduct.

We also confirm that we will disclose any breach that comes to our knowledge.

**AUTHORIZED SIGNATORY (PLEASE FILL OUT IN CAPITAL LETTERS)**

|  |
| --- |
| Name :  Designation :  Organisation :  Location/Address :  Telephone :  Mobile :  Email :  Date :  Signature :  Company Seal : |

**1. COMPANY PROFILE (PLEASE FILL OUT IN CAPITAL LETTERS)**

|  |  |
| --- | --- |
| **Name of the Company** |  |
| **Date of Establishment** |  |
| **Name of Parent or Associated Company (if any)** |  |

**Head Office Communication Address:**

|  |  |
| --- | --- |
| **Address**  **(Mention Postal Code & Region /State)** |  |
| **Country** |  |
| **Telephone** |  |
| **Fax** |  |
| **Mobile** |  |
| **Contact Person** |  |
| **Designation** |  |
| **Email Address** |  |

**Local Office Communication Address:**

|  |  |
| --- | --- |
| **Address**  **(Mention Postal Code & Region /State)** |  |
| **Country** |  |
| **Telephone** |  |
| **Fax** |  |
| **Mobile** |  |
| **Contact Person** |  |
| **Designation** |  |
| **Email Address** |  |

**Legal Form or Business Structure:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Public** | **Limited Liability Company** | **Sole Trader** | **Partnership** | **Corporation** | **Others (Specify)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **List at least 3 references of Companies for which you have carried out similar services you are applying for below:** | | | | | | | |
| Name of the Company | Office Address & Location | Contact | | | | Date | |
| Contact Person & Designation | Mobile | Telephone | Email | From | To |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**2. CONTACT DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Designation** | **Complete Name** | **Telephone** | **Mobile** | **Email** |
| **CEO** |  |  |  |  |
| **Managing Director** |  |  |  |  |
| **Relationship Manager** |  |  |  |  |
| **Account Manager** |  |  |  |  |
| **Import Manager** |  |  |  |  |
| **Sales & Marketing Manager** |  |  |  |  |
| **QA/QC Manager** |  |  |  |  |
| **Finance Manager** |  |  |  |  |
| **Other (Please Specify)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |  |

**3. BUSINESS PROFILE**

**Local Company  International Company**

|  |
| --- |
| **Nature of Business (Describe / Provide a list of your services)** |
|  |

Note: *If you’re an agent or representative of another company, not directly involved in the service delivery, please provide:*

\* Certification from your principal/s that you are the authorized representative to deal with their products/services or to act on their behalf.

**4. SYSTEMS & PROCESSES**

|  |  |  |  |
| --- | --- | --- | --- |
| **S. No.** | **Systems / Capability** | **Yes** | **No** |
| **1.** | Do you have a comprehensive documented quality manual that defines your quality system? |  |  |
| **2.** | Do you have corrective action process for customer complaints and field problems, which includes root cause analysis? If yes, attach a sample. |  |  |

**5. DATA SECURITY**

|  |  |  |
| --- | --- | --- |
| Do you agree to abide by KSI’s Confidentiality Agreement relevant to you at the time of signing a contract if selected? | **Yes** | **No** |
|  |  |

**6. LITIGATIONS / COMPLAINTS**

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | Has the proprietorship / partnership / company or its proprietor, partner, authorized signatory at any time been convicted by a court in Qatar or overseas for any criminal offence? | **Yes** | **No** |
|  |  |
| **2.** | Are any criminal proceedings pending or going on against proprietorship / partnership or its proprietor, partner, authorized signatory before a court in Qatar or overseas? |  |  |
| **3.** | Has any court issued a warrant or summons for appearance or warrant for arrest or an order prohibiting the departure of the proprietorship / partnership or its proprietor, partner, authorized signatory from Qatar or Overseas? |  |  |

**7. ANY OTHER INFORMATION**

|  |
| --- |
|  |

**8. ATTACHMENTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** |  |  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Customer Testimonials** |  |  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **List of Main Clients**  **(Email & Mobile No. of the Concerned Contact Person)** |  |  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

***Certification***

I/we certify that the above particulars submitted by me/us are true and will keep this updated as per the policy of KSI or whenever any change to the above happens.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature, Stamp & Name of Signing Authority)

**Note: - Please send the completed SPRF (Service Provider Registration Form) to** [**info@khalifasteel.com**](mailto:info@khalifasteel.com) **and cc to** [**zurab@kahlifasteel.com**](mailto:zurab@kahlifasteel.com)**.**

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

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