

SUPPLIER / CONTRACTOR REGISTRATION FORM DETAILS

Section	Name	Type	✓
Company Details	Company Name	Mandatory	<input type="checkbox"/>
	Trading Name	Optional	<input type="checkbox"/>
	Holding Company Name	Mandatory	<input type="checkbox"/>
	Commercial Registration Number	Mandatory	<input type="checkbox"/>
	Dunn & Bradstreet (DUNS) Number	Optional	<input type="checkbox"/>
	Type of Company	Mandatory	<input type="checkbox"/>
	Trading Currency	Mandatory	<input type="checkbox"/>
	Business Type	Mandatory	<input type="checkbox"/>
	Company Ownership	Mandatory	<input type="checkbox"/>
	Address Name	Mandatory	<input type="checkbox"/>
	Country	Mandatory	<input type="checkbox"/>
	Address	Mandatory	<input type="checkbox"/>
	City/Town/Locality	Mandatory	<input type="checkbox"/>
	County/State/Region/Province	Optional	<input type="checkbox"/>
	Postal Code	Mandatory	<input type="checkbox"/>
	Website	Optional	<input type="checkbox"/>
	Telephone No	Mandatory	<input type="checkbox"/>
	Fax No	Mandatory	<input type="checkbox"/>
	Note to Approver (Comment)	Optional	<input type="checkbox"/>
	User Details	(User) Email Address	Mandatory
(User) First Last Name		Mandatory	<input type="checkbox"/>
(User) Position		Mandatory	<input type="checkbox"/>
(User) Phone Number		Mandatory	<input type="checkbox"/>
(User) Fax No		Mandatory	<input type="checkbox"/>
ZAKAT Payment Certificate Expiry Date		See Note	<input type="checkbox"/>
GOSI Payment Certificate Expiry Date		See Note	<input type="checkbox"/>
General Manager Name		Optional	<input type="checkbox"/>
Sales Manager Name		Optional	<input type="checkbox"/>
Sales Tel Fax No Email		Optional	<input type="checkbox"/>
Additional General Information	Accounting Tel Fax Email	Optional	<input type="checkbox"/>
	Bank Name Address City Country	Optional	<input type="checkbox"/>
	IBAN Code	Optional	<input type="checkbox"/>
	Company Insurance Name	Optional	<input type="checkbox"/>
	Company Maximum Value Cover	Optional	<input type="checkbox"/>
	Company Insurance Expiry Date	Optional	<input type="checkbox"/>
	Employee Insurance Name	Optional	<input type="checkbox"/>
	Employee Maximum Value Cover	Optional	<input type="checkbox"/>
Employee Insurance Expiry Date	Optional	<input type="checkbox"/>	

List of Questions to be answered. In most cases, you are required to answer by Yes or No. For others, a value is required.

Organization	Branches in KSA	Mandatory	Select	<input type="checkbox"/>
	Total Number of Employees	Mandatory	Value	<input type="checkbox"/>
	Number of Employees in KSA	Mandatory	Value	<input type="checkbox"/>
	Does your Company have an Organizational Chart showing responsibilities?	Mandatory	Y/N	<input type="checkbox"/>
	Does your company manage employee training plans?	Mandatory	Y/N	<input type="checkbox"/>
	Does your company have written defined roles and responsibilities (eg Job Descriptions)?	Mandatory	Y/N	<input type="checkbox"/>
	Does your company have a documented code of ethics?	Mandatory	Y/N	<input type="checkbox"/>
	Does your company have a health and safety policy?	Mandatory	Y/N	<input type="checkbox"/>
	Does your company have quantifiable and measurable company targets?	Mandatory	Y/N	<input type="checkbox"/>
	Does your company measure its performance?	Mandatory	Y/N	<input type="checkbox"/>
	Does your company measure its customers' satisfaction?	Mandatory	Y/N	<input type="checkbox"/>
Business and Quality	Number of Years in Business:	Mandatory	Value	<input type="checkbox"/>
	Has your Company done business in KSA?	See Note	Y/N	<input type="checkbox"/>
	Does your company have distributors/agents registered in KSA?	See Note	Y/N	<input type="checkbox"/>
	Has your Company previously done business with Ma'aden?	Mandatory	Y/N	<input type="checkbox"/>
	Does your company have a certified documented Quality Management System (QMS eg ISO9000)?	Mandatory	Y/N	<input type="checkbox"/>
	If yes, QMS Certificate expiry date?		Date	<input type="checkbox"/>
	Does your company have a Quality Manual?	See Note	Y/N	<input type="checkbox"/>
	Does your company have Quality policy Statement	See Note	Y/N	<input type="checkbox"/>
	Does your company have a Quality Department?	Mandatory	Y/N	<input type="checkbox"/>
Financial Information	Current Assets 1	Mandatory	Value	<input type="checkbox"/>
	Total Assets (Current & Fixed) 1	Mandatory	Value	<input type="checkbox"/>
	Current liabilities 1	Mandatory	Value	<input type="checkbox"/>
	Turnover 1	Mandatory	Value	<input type="checkbox"/>
	Operating Profit 1	Mandatory	Value	<input type="checkbox"/>
	Net Profit 1	Mandatory	Value	<input type="checkbox"/>
	Current Assets 2	Mandatory	Value	<input type="checkbox"/>
	Total Assets (Current & Fixed) 2	Mandatory	Value	<input type="checkbox"/>
	Current liabilities 2	Mandatory	Value	<input type="checkbox"/>
	Turnover 2	Mandatory	Value	<input type="checkbox"/>
	Operating Profit 2	Mandatory	Value	<input type="checkbox"/>
	Net Profit 2	Mandatory	Value	<input type="checkbox"/>

Top Clients	Client Name 1 ,Industry, Brief Details, project Value, reference	Mandatory	Text	<input type="checkbox"/>	
	Client Name 2,Industry, Brief Details, project Value, reference	Mandatory	Text	<input type="checkbox"/>	
	Client Name 3 ,Industry, Brief Details, project Value, reference	Mandatory	Text	<input type="checkbox"/>	
	Client Name 4 ,Industry, Brief Details, project Value, reference	Optional	Text	<input type="checkbox"/>	
	Client Name 5 ,Industry, Brief Details, project Value, reference	Optional	Text	<input type="checkbox"/>	
Specific Questions related to Business Categories	Business Category Group	Mandatory	Select	<input type="checkbox"/>	
	Business Category	Mandatory	Select	<input type="checkbox"/>	
	Business Sub-Category	Optional	Select	<input type="checkbox"/>	
	Business Sub-sub-Category	Optional	Select	<input type="checkbox"/>	
	If you have selected Project category:				
	Does your company have in-house project management organization?	Mandatory	Y/N	<input type="checkbox"/>	
	Does your company have a documented change management process?	Mandatory	Y/N	<input type="checkbox"/>	
	Is your company ISO 14001 accredited?	Mandatory	Y/N	<input type="checkbox"/>	
	Does your company have a formal written Environmental Policy?	Mandatory	Y/N	<input type="checkbox"/>	
	Does your company investigate and record Environmental Incidents?	Mandatory	Y/N	<input type="checkbox"/>	
	Does the company have a dedicated Quality Control Department?	Mandatory	Y/N	<input type="checkbox"/>	
	Does the company maintain a product traceability and identification system?	Mandatory	Y/N	<input type="checkbox"/>	
	Do you have in-house engineering capability?	Mandatory	Y/N	<input type="checkbox"/>	
	Do you have in-house design capability?	Mandatory	Y/N	<input type="checkbox"/>	
	Do you have a dedicated purchasing and/or supply chain departments?	Mandatory	Y/N	<input type="checkbox"/>	
	Does your company have global agreements with Vendors?	Mandatory	Y/N	<input type="checkbox"/>	
	If you have selected Consultancy category:				
	Professional Organizations Membership?	Mandatory	Y/N	<input type="checkbox"/>	
	Fee structures offered?	Mandatory	Y/N	<input type="checkbox"/>	
	If you have selected Services category:				
	Do you have an E-Procurement system ?	Mandatory	Y/N	<input type="checkbox"/>	
	Do you operate Customer Consignment Stock?	Mandatory	Y/N	<input type="checkbox"/>	
	Do you have Key Account Management organization?	Mandatory	Y/N	<input type="checkbox"/>	