



EMIRATES PETROCHEMICAL SERVICES ESTABLISHMENT

Effective Date: 23-02-2020

Document Title:
VENDOR REGISTRATION FORM

Document Code:
EPSE-QSF-PUR-F17

Rev. # 00

Ref #:

1. VENDOR INFORMATION

1.1 GENERAL DETAILS

Company:

Address:

Telephone:

Email:

Fax No:

Proposed Payment Terms: (EPS's standard terms are 60 days)

Post Code:

VAT Number:

1.2 FINANCIAL DETAILS

1.2.1 BANKER DETAILS

Bank Name:

Bank Account Name:

Bank Address:

Account Code:

IBAN Code:

1.2.2 OTHER DETAILS - May include details for last three years

	Year 1	Year 2	Year 3
Net Sales/Turnover			
Other Sales			
Net Income			
Capital			



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1.3 KEY PERSONNEL'S DETAILS - *May include a copy of company organisation chart*

Contact For	Name	Contact Email	Contact Phone No.
QHSE			
Finance			
Sales			
Operations			
Purchasing			
Director/Owner			

2. SCOPE OF SUPPLY - Please provide a description of your Scope of Supply / Services and tick as applicable

Accumulators and Cylinders	<input type="checkbox"/>	Hoses and Fittings	<input type="checkbox"/>	Seals, Gaskets, O-Rings, Bearings	<input type="checkbox"/>
Advertising and Publicity	<input type="checkbox"/>	Hydraulics and Testing Equipment	<input type="checkbox"/>	Security Services	<input type="checkbox"/>
CCU's (Container Carrying Units)	<input type="checkbox"/>	Inspection Services	<input type="checkbox"/>	Signage	<input type="checkbox"/>
Coatings and Painting	<input type="checkbox"/>	Instrumentation	<input type="checkbox"/>	Steel	<input type="checkbox"/>
Communications and IT Services	<input type="checkbox"/>	Mechanicals - Motors, Gearboxes etc	<input type="checkbox"/>	Technical/Professional Services (specify above)	<input type="checkbox"/>
Operational Consumables	<input type="checkbox"/>	Medical and First Aid Providers	<input type="checkbox"/>	Temporary Labour	<input type="checkbox"/>
Corporate Entertaining and Catering	<input type="checkbox"/>	Nitrogen Tank Rental and Gas	<input type="checkbox"/>	Tooling	<input type="checkbox"/>
Cranes and Lifting Equipment	<input type="checkbox"/>	Office Supplies and Equipment	<input type="checkbox"/>	Training Providers	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	Oils, Gases, Chemicals and Lubricants	<input type="checkbox"/>	Transport and Freight Services	<input type="checkbox"/>
Engineering, Fabrication and Machining	<input type="checkbox"/>	PPE (Personal Protective Equipment)	<input type="checkbox"/>	Travel and Accommodation Providers	<input type="checkbox"/>
Equipment Rental	<input type="checkbox"/>	Property Maintenance	<input type="checkbox"/>	Utilities (Electricity, Gas, Water,)	<input type="checkbox"/>
Civil & Structural	<input type="checkbox"/>	HVAC	<input type="checkbox"/>	Flange Management	<input type="checkbox"/>
Fasteners and Bolting	<input type="checkbox"/>	Pumps	<input type="checkbox"/>	Valves	<input type="checkbox"/>
Filtration Equipment	<input type="checkbox"/>	Raw Materials (specify above)	<input type="checkbox"/>	Waste	<input type="checkbox"/>
Forklifts	<input type="checkbox"/>	Recruitment	<input type="checkbox"/>	Scaffolding	<input type="checkbox"/>
Others (Please Sepcify)	<input type="checkbox"/>				


3. QUALITY MANAGEMENT

Please answer all questions and enclose information as applicable to assist in the review of your profile.

• Does your Company have a documented Quality Management System (QMS)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Has your QMS been certified by a 3rd party Certification body? If yes, proceed to section 4.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If "Yes" to either of above please attach a copy your QMS and/or Certification.



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4. HEALTH AND SAFETY MANAGEMENT		
4.1 SAFETY PERFORMANCE		
• Does your company record Health & Safety performance? <i>If YES, please attached last three years Safety Statistics</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Has your company had any Reportable Accidents/Incidents in the past 3 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Has your company had any Lost Time Accidents in the past 3 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Has your company been subject to an HSE improvement notice in past 3 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Has your company been subject to an HSE prohibition notice in past 3 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.2 SAFETY MANAGEMENT SYSTEMS		
• Does your Company have a Safety Management System (SMS)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• To which standard does your SMS align? Please attach certification if applicable.	HS(G)65 <input type="checkbox"/>	18001 <input type="checkbox"/>

5. ENVIRONMENTAL MANAGEMENT		
EPS is committed to reducing the environmental impact of our operations and prefers suppliers who manage their environmental impact.		
• Does your Company have an Environmental Management System (EMS)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Has your EMS been certified by a 3rd party certification body?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes" please attach a copy your Certification	Yes <input type="checkbox"/>	No <input type="checkbox"/>

6. DOCUMENTATION	
Please provide the following documentation to support your response (where available):	
Insurance Liability Certificate	<input type="checkbox"/>
Certificate of Incorporation	<input type="checkbox"/>
ICV Certificate (If Applicable)	<input type="checkbox"/>
Certificate of VAT Registration	<input type="checkbox"/>
ISO 9001:2015 Certificate	<input type="checkbox"/>
ISO 14001:2015 Certificate	<input type="checkbox"/>
OHSAS 18001:2007 Certificate	<input type="checkbox"/>
Quality Policy	<input type="checkbox"/>
Health & Safety Policy	<input type="checkbox"/>
Environment Policy	<input type="checkbox"/>
Safety Statistics	<input type="checkbox"/>
Company Profile	<input type="checkbox"/>



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Company Organisation Chart	<input type="checkbox"/>
Audited Financial Statements for the last 3 consecutive years	<input type="checkbox"/>
Trade License	<input type="checkbox"/>
Chamber of Commerce Certificate	<input type="checkbox"/>
Power of Attorney of the authorized Signatory	<input type="checkbox"/>
Passport Copy of the Power of Attorney Holder (Authorized Signatory)	<input type="checkbox"/>
Passport Copy of the Power of Managing Director/Owner	<input type="checkbox"/>
Others (Please specify):	<input type="checkbox"/>

7. IN-COUNTRY VALUE PROGRAM (UAE)		
EPS UAE strictly complies with ICV program. As part of our procurement process, preference will be given to supplier's who 1) hold a ICV certificate and 2) who have higher ICV score.		
<ul style="list-style-type: none"> Does your Company and/or group have an certified ICV ? If "Yes" please provide ICV certificate What is the total score _____?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

8. COMPANY RESOURCES DETAILS		
<ul style="list-style-type: none"> Number of Permananat Employees 		
<ul style="list-style-type: none"> Number of Temperory Employees (If Applicable) 		
<ul style="list-style-type: none"> Warehouse/Fabrication Workshop/Yard Facility (<i>if Yes, provide documents to support the statement</i>) 	Yes <input type="checkbox"/>	No <input type="checkbox"/>

8. CONCLUSION			
<p>Thank you for taking the time to answer this questionnaire. Please feel free to provide any other information, which has not already been requested, that you think will assist further in our evaluation of your company.</p>			
<p>By signing this document we confirm that we fulfil the requirements in all the Section's. We agree that EPS may audit our practices in the aforementioned areas to ensure compliance with requirements. We are aware that where a deviation from our requirements is identified and cannot be improved, the business relations may be terminated.</p>			
Questionnaire completed by:			
Name:		Signature:	
Position:		Date:	
Please return this questionnaire (Duly Endorsed) and copies of all required documentation to eps_serv@emirates.net.ae , cc: procurement@epserv.ae			

