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	VENDOR REGISTRATION FORM	


Reg No-----

1.0 Contact Details

	Head Office	Customer Service Office
Address		
Contact Person		
Title		
Telephone		
Fax		
Email		
Website		

2.0 Business Information

Date of Inception	
Ownership Information (Public/Private - %)	
Operation Head of the Firm	
Title	
No. of Staff	
Office Floor Area	
Warehouse Floor Area	
Organization Chart	
Do you own any vehicles?	
Do you sub-contract the vehicles? If yes, name the vendor	
Any certificate and accreditation	

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3.0 Financial Details

Payment Details	
Credit Terms	
Payment Currency	
Authorized Signature and Company Stamp	
Authorized Name	
Title & Date	


4.0 Customers

Please list your top 5 customers in the past year.

Company Name	Email	Length of Relationship (Yrs.)

5.0 Products and Services

Products/Services	Description


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6.0 Quality Control

- (i) Do you maintain operation policies and procedures for your quality management system? Yes No
- (ii) Is an internal audit program maintained that reviews compliance with all aspects of the quality program?
 Yes No
- (iii) Does the organizational structure define quality responsibility and authority? Yes No
- (iv) Does the organizational structure provide access to top management? Yes No
- (v) Is the health and status of your quality management system periodically reviewed with management?
 Yes No
- (vi) Do you have a documented employee training program? Yes No
- (vii) Is the quality organization responsible for acceptance of product and services? Yes No
- (viii) Are records of inspections and tests maintained? Yes No
- (ix) Are quality data used in reporting results and trends to management? Yes No
- (x) Are quality records available to support customer certifications? Yes No
- (xi) Is there any analysis for Customer feedback ? Yes No

7.0 MATERIAL CONTROL

- (i) Do procedures exist for storage, release, and movement of material? Yes No
- (ii) Are materials in storage identified and controlled? Yes No
- (iii) Are in-process materials identified and controlled? Yes No
- (iv) Are materials inspections identified and controlled? Yes No
- (v) Do storage areas and facilities provide control to protect material from degradation? Yes No

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- (vi) Do you have an electrostatic sensitive device protection program? ___ Yes ___ No
- (vii) Are nonconforming items identified, segregated, and controlled? ___ Yes ___ No
- (viii) If required, do you have the ability to provide tractability? ___ Yes ___ No

8.0 Ethics and HSE Control

- i) Has your company have publicly stated commitment to anti-corruption? ___ Yes ___ No
- ii) Has your company ever been found guilty of any violations of securities or commodities trading laws?
___ Yes ___ No
- iii) Does your company have Code of Ethics Policy ? ___ Yes ___ No
- iv) Does your company have an HSE policy document ? ___ Yes ___ No
- v) Does your management involved in HSE Activities , Objective setting and monitoring ? ___ Yes ___ No
- vi) Does your company support HSE Training to your employees ? ___ Yes ___ No

9.0 Do you have any other information you wish to highlight?

Signature : _____

Name : _____

Designation : _____

Company Stamp : _____

Date : _____



Think Big, Aim High, WORK SMART

