[[‘[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[]

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Name of Company: | | | | | | | | | Parent Company Name: | | | | | | |
| 1. Address:   Postal Code: City: Country: | | | | | | | | | | 1. P.O. Box and Mailing Address: | | | | | |
| 1. Tel:   Email: | | | | | | | | | | Fax:  Website Address: | | | | | |
| 1. Contact Personnel Name: and Title: | | | | | | | | | | | | | | | |
| 1. Subsidiaries, Associates and/or Overseas Representative(s) - (attach a List if necessary): | | | | | | | | | | | | | | | |
| 1. Type of Business   (Mark one only) : | Corporate/ Limited: | | | | | | Partnership: | | | | | Other (specify): | | | |
| 1. Nature of Business: \* Manufacturer :  \* Authorised Agent:  \* Trader :  \* Consulting Company:   \* Process Provider (specify work details): \* Other (specify): | | | | | | | | | | | | | | | |
| 1. Year Established: | | | | | 1. Number of Full-time Employees:   No. employees required to perform the process: | | | | | | | | | | |
| 1. Licence no. where registered: | | | | | 1. Licence refnewal date: | | | | | | | | | | |
| 1. Bank Name:   wift/BIC Address: Address:  Bank Account Number: Account Name: | | | | | | | | | | | | | | | |
| 1. Management System Certification Details (Any other please write below) | | | | | | | | | | | | | | | |
| Company is certified for ISO 9001 (√) QMS certification | | | Yes | | | No | | Attach a copy of certificate (√) | | | | | | Yes | No |
| Company is certified for ISO 14001(√) certification | | | Yes | | | No | | Attach a copy of certificate (√) | | | | | | Yes | No |
| Company is certified for OHSAS 18001(√) | | | Yes | | | No | | Attach a copy of certificate (√) | | | | | | Yes | No |
| ZADCO Approval status (√) | | | Yes | | | No | | Attach a copy of approval (√) | | | | | | Yes | No |
| ADMA/ OPCO Approval status (√) | | | Yes | | | No | | Attach a copy of approval (√) | | | | | | Yes | No |
| QHSE manual available | | | Yes | | | No | | Attach a copy of Manual (√) | | | | | | Yes | No |
| Risk Imapct Assessment needed | | | Yes | | | No | | Attach a copy of assessment (√) | | | | | | Yes | No |
|  | | |  | | |  | |  | | | | | |  |  |
| 1. Do you have an internal training system for employee performance improvement? (Yes/No) | | | | | | | | | | | | | | | |
| 1. Do you have customer compliant monitoring and follow up system? (Yes/No) | | | | | | | | | | | | | | | |
| 1. What is your policy on cutomer training into your product/eqpt. usage? | | | | | | | | | | | | | | | |
| 1. What is your policy on eqpt./product after end of life (reusable /recycling )? | | | | | | | | | | | | | | | |
| 1. GCC/International Offices/Representation (Countries where the Company has local Offices/Representation): | | | | | | | | | | | | | | | |
| 1. For Goods only, do those offered for Supply conform to National/International quality Standards? and Abu Dhabi Quality and Conformity Council (QCC) Ο Yes Ο No | | | | | | | | | | | | | | | |
| 1. Who is responsible for contacts with us concerning quality and safety matters? (Name, Designation and Contact No.) | | | | | | | | | | | | | | | |
| 1. Duration in business (Years): | | | |  | | | | | | |  | | | | |
| 1. List out below of your Core Goods/Services offered: | | | | | | | | | | | | | | | |
| **Class code** | | **Description (one Line for each Item)** | | | | | | | | | | | **National/International Quality Standard to which Item conforms** | | |
|  | |  | | | | | | | | | | |  | | |
|  | |  | | | | | | | | | | |  | | |
|  | |  | | | | | | | | | | |  | | |
|  | |  | | | | | | | | | | |  | | |
|  | |  | | | | | | | | | | |  | | |
| 28. Does your Company have a written Statement of its Environmental Policy? (If yes, please attach a Copy)  Ο Yes Ο No | | | | | | | | | | | | | | | |
| 29.Cerification  I, hereby warrant that the information provided in this form is correct, and in the event of changes details will be provided as soon as possible:  Name Functional Title  Signature Date | | | | | | | | | | | | | | | |
| 30. Please return this form to Khalid Faraj Shipping Company –Procurement Dept. by email, fax, or hand.  Tel: +9712 698 4 999/ +9712 666 3395 / +9712 Fax :+9712 665 9218  Email : [procurement@khalidfarajshipping.com](mailto:procurement@khalidfarajshipping.com) / [kfship@eim.ae](mailto:kfship@eim.ae)  Website: [www.Khalidfarajshipping.com](http://www.Khalidfarajshipping.com) | | | | | | | | | | | | | | | |

***Copy Preservation:***

***1) Vessel 2) Concern Dept. 3) Procurement Dept. 4) QHSE Dept.***