

GENERAL SUPPLIER PREQUALIFICATION QUESTIONNAIRE

TECHNICAL METAL INDUSTRIAL

REF. CODE:

Please Complete & return
within 3 days to:

Email:

REMEMBER TO ATTACH: Trade License, Company Profile & VAT Certificate (if applicable)

2) COMPANY INFORMATION

Company Name:

Company Tel:

Company Email:

Company Address:

PO Box:

Emirate:

Owner/Sponsor:

Purchase Order
Email:

Contact Name:

Contact Job Title:

Contact Tel:

Contact Email:

Website:

Trade License Nr:

Trade License Expiry:

No. of years trading in the U.A.E.:

1) FINANCIAL INFORMATION

Accounts Contact Name:

Accounts Contact Tel.:

Bank Address:

Bank Account Name:

Bank Name:

Bank Swift Code:

IBAN Number:

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TECHNICAL METAL INDUSTRIAL

REF. CODE:

Authorized Signatory
Name(s):

Bank Sort Code:

Authorized Signatory
Designation(s):

Specimen Company
Stamp:

Authorized
Signature 1:

Authorized
Signature 2:

3) CODE OF CONDUCT

A. Do you have a Code of Ethical Practices? (If yes, please attach a copy)

Yes ☐

No ☐

B. Have you attached a signed & stamped copy to Technical Metal Industrial's Code of Conduct?

Yes ☐

No ☐

4) Terms & Conditions

A. Do you accept Technical Metal Industrial's General Terms & Conditions for Suppliers?

Yes ☐

No ☐

B. Please indicate your acceptance of our standard payment terms at 90 days

Yes ☐

No ☐

AN EXPLANATION SHOULD BE PROVIDED FOR ANY UNANSWERED QUESTIONS

BY SIGNING THIS THE SUPPLIER REPRESENTS & WARRANTS THAT THE RESPONSES ARE COMPLETE & ACCURATE

Authorized Person Name:

Signature:

Company Stamp:

GENERAL SUPPLIER PREQUALIFICATION QUESTIONNAIRE

TECHNICAL METAL INDUSTRIAL

REF. CODE:

EVALUATION BY TECHNICAL METAL INDUSTRIAL SENIOR MANAGMENT

1) ASSIGNED SUPLIER STATUS

2) FURTHER REVIEW & ACTIONS REQUIRED TO GAIN APPROVAL:

SN.	Action Required	By	When
1			
2			
3			
4			

3) ACTIONS COMPLETED (IF ANY) & APPROVED FOR ENTRY ONTO THE APPROVED VENDOR LIST:

Yes

☐

No

☐

4) ASSESMENT OF PREVIOUS PERFORMANCE

0 %

5) SUPPLIER RISK RATING:

Low

☐

Med

☐

High

☐

SUPPLY CHAIN COORDINATOR NAME:

SIGNATURE:

DATE:

PROCUREMENT MANAGER NAME:

SIGNATURE:

DATE: