**External Provider Registration Form**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| This form duly filled shall be submitted with back-up documentation giving full information on your operations enabling us to make a proper assessment. Information furnished shall be treated with utmost confidentiality.  National Ambulance is certified for ISO 9001:2015, ISO 14001:2015 and ISO 45001:2018. Externally provided services such as yours remain within our scope. As such, National Ambulance requires you to be conscientious of our Integrated Management System Policy and Objectives while performing your job. If you have any concerns or questions, or if your products or services could have an impact on our Integrated Management System implemented at National Ambulance, please notify us. | | | | | | | | |
| COMPANY DETAILS | | | | | | | | |
| 1.1 | | Company Name | |  | | | | |
| 1.2 | | Address | |  | | | | |
| 1.3 | | If the main office is outside UAE  (Is there any office representative in UAE?) | |  | | | | |
| 1.4 | | Telephone No. & Fax No. | |  | | | | |
| 1.5 | | E-mail | |  | | | | |
| 1.6 | | Company Establishment Date | |  | | | | |
| 1.7 | | No. of Employees | |  | | | | |
| 1.8 | | Company Registration No. | | License No.: | | | | |
| License valid till: | | | | |
| 1.9 | | Bank Details | | Bank Name: | | | | |
| Account No.: | | | | |
| IBAN: | | | | |
| 1.10 | | Commercial Viability | | Satisfactory 🗌 Not Satisfactory 🗌 | | | | |
| 1.11 | | Contact Person | | Name.:  Mobile:  Email: | | | | |
| 1.12 | | Scope of the company | |  | | | | |
| 1.13 | | Is the company certified with ICV?  If yes, please mention the score? | | Yes 🗌 No 🗌  ICV Score: | | | | |
| LIST OF CLIENTS (Top Three) | | | | | | | | |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| QHSE MANAGEMENT SYSTEM | | | | | | | | |
| 3.1 | Please select the applicable ISO standards certified in your company: | | | | | ISO 9001:2015 🗌  ISO 14001:2015 🗌 | ISO 45001:2018 🗌 | |
| 3.2 | Is the company certified with any other ISO standards? | | | | | Yes 🗌 No 🗌  Standards: | | |
| 3.3 | Is the company registered with OSHAD?  If yes, please mention the SRA & Risk category? | | | | | Yes 🗌 No 🗌  SRA:  Risk Category: | | |
| 3.4 | Has the company received any excellency awards? | | | | |  | | |
| 3.5 | Has the company maintained track of manifest for waste disposal? | | | | | Yes 🗌 No 🗌 | | |
| 3.6 | Please select the impact of the company’s products and services on the environment: | | | | | Degradable 🗌 Non-degradable 🗌 NA 🗌 Recyclable 🗌 Reusable 🗌 | | |
| ATTACHMENTS (Please tick the documents attached) | | | | | | | | |
| 4.1 | Trade License | | 🗌 | | 4.5 | OSH Policy and ISO 45001:2018 Certificate | | 🗌 |
| 4.2 | ICV Certificate | | 🗌 | | 4.6 | QHSE/IMS Policy | | 🗌 |
| 4.3 | QMS Policy and ISO 9001:2015 Certificate | | 🗌 | | 4.7 | Other Policies and Certificates | | 🗌 |
| 4.4 | EMS Policy and ISO 14001:2015 Certificate | | 🗌 | | 4.8 | Manifest for waste disposal | | 🗌 |
| COMPANY AUTHORIZED SIGNATORY | | | | | | | | |
| Name:  Signature:  Date:  Company Seal: | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| FOR NATIONAL AMBULANCE USE ONLY | | | | | | |
| Scope matching requirements | | Yes 🗌 No 🗌 | Satisfactory ICV Score | | Yes 🗌 No 🗌 | |
| Adequate project experience | | Yes 🗌 No 🗌 | Compliance to QHSE requirements | | Yes 🗌 No 🗌 | |
| Satisfactory company strength | | Yes 🗌 No 🗌 | Satisfactory years of local experience | | Yes 🗌 No 🗌 | |
| Type of external provider | | Critical 🗌 Non-Critical 🗌 | | | | |
| Evaluation Summary | |  | | | | |
|  | **Evaluation by Procurement** | | | **Approval by CEO** | |  |
|  | Accept 🗌 Reject 🗌 | | | Approve 🗌 Reject 🗌 | |  |
| Name |  | | |  | |  |
| Signature |  | | |  | |  |
| Date |  | | |  | |  |
| Reasons, if not approved: | | | | | |  |