

**PT. ISPAT PANCA PUTERA**

Subsidiary of PT. Ispat Indo

Plant: Jl. Tridharma No. 3, Kav. D 1-9/14-22, Kawasan Industri Gresik 61121, Indonesia.

Telp : (62)-31-397-4191 Fax : (62)-31-397-2762 / 0678

Email : imam.mahyini@ispatpanca.com

F-PUR-03-01

REV 05-2013

- PUR/R/01 -

**Vendor Profile Form**

1. Title & Name of the Vendor		CV. SURYA ELECTRICAL	
2. Address &		JL. SEMERU NO 61 BAMBE DRIYOREJO	
Street (Domicile)		GRESIK	
City & Postal Code		61177	
District		INDONESIA	
Country			
Business language & currency			
Telephone		031 7669655 / 031 7672748	
Fax		031 7662953 / 031 7674981	
e-mail		multielectric_sby@yahoo.com / surya.panemaker@gmail.com	
Website		www.panellistrik-sby.com	
3. Contact person			
Name		Oei Donny Wijaya	
Position		Owner	
Telp		031 7669655	
Fax		031 7662953	
Hand Phone		0811343980	
Email		multielectric_sby@yahoo.com	
4. Legal Documents of Indonesian Company (attached)			
Notary deed / akte pendirian		No	Valid until
SIUP / Surat Ijin Usaha Perdagangan		193/BH/CV/2008/PN/Gs	
TDP / Tanda Daftar Perusahaan		1613/437.74/PK/2018	
Legalization from DEPKUMHAM (special for PT)		13.02.3.43.06635	20-Feb-23
SIUJK (special permit for Civil Construction)			
SIO from DISNAKER (special permit for Manpower Supply)			
Insurance JAMSOSTEK registered (special for inhouse job)			
Wajib Lapor Tenaga Kerja (special permit for Manpower Supply)			
5. Vendor's Banker (Must be Fill complete)			
Name of bank		BRI	
A/C No.		0096 01 003051 30 8	
Bank Branch & Address		Kaliasin - Jl. Basuki Rachmad Surabaya	
Name in cheque		CV. SURYA ELECTRICAL	
SWIFT Code			
IBAN			
6. Taxation			
NPWP / Tax Number		02.826.210.3-642.000	Name: CV. SURYA ELECTRICAL
PKP No.		PEM-029/WPJ.24/KP.1003/2010	Name: CV. SURYA ELECTRICAL
7. Other Details			
Total annual turnover (\$):		for last 3 years	Year 1
(pls enclose balance sheet)			Year 2
			Year 3
Year of commencement:			
Nature of business		Manufacturer / Authorised Dealer / Trader (Please enclose government permission registration details)	
Pattern of business holding		Proprietorship / Partnership / Public Ltd (please attach copy of registration)	
Name of the parent company			
Name of the principal company			
Have you ever been in business with Ispat Indo			
(If yes - detail year of interaction and purpose)			
<b>Declarations</b>			
We hereby declare that information above is correct and true to best of our knowledge.			
Signature			
Name		M. SOLIKUN	
Date		27/03/2018	

Note : Please fill all the field with details. Form with blank field will not be considered for registration.



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8. List your top five customers in order of business volume				
	Name, location of the customer	Annual business, \$	% of your total business	
a	PT. Tata Bumi Raya			
b	PT. Bintang Timur Pasifik			
c	PT. Citra Mandiri Cipta			
d	PT. MD Ambon			
e				
9. Details of products / services offered (Must note the details and Pls enclose the product catalogues if any)				
10. Organisation structure of your company (pls enclose a copy)				
	Number of employees	Mgmt	Skilled	Unskilled
				Total
11. Name of key persons in your organisation & contact details				
No	Name	Phone No	Email	
12. Quality System Accreditation ( ISO 9000, 14000, OHSAS, etc) (if yes, pls enclose details)				
	Quality System			
	Agency			
	Year received			
13. Inspection & testing facilities and procedures for the products and services offered (pls enclose details)				
14. Customer complaint handling process (pls enclose details)				
15. Details of your associates / authorised dealers / service centers to deal with ISPAT INDO (Please enclose authorisation letter)				
16. Business with Ispat Group / Arcelor Mittal Units				
Are you supplying to any other Ispat Group / Arcelor Mittal Units				
(If yes, pls include which unit and items supplied)				
No	Unit	Year	Items supplied	
Relationship with any of ISPAT Group - Arcelor Mittal Employee / Ex-Employee (Please give details of the person and relationship)				
<b>Declarations</b>				
We hereby declare that information above is correct and true to best of our knowledge.				
Signature				
Name	M. SOLIKUN			
Date	27/03/2018			

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	Purchase Dept		Legal	Technical Dept		Finance Dept	
		Ranking 1-5	Ranking 1-5		Ranking 1-5		Ranking 1-5
<b>Departmental Evaluation</b>	Nature of Criticality *			Technical Competancy		Financial Turn over & Financial Strength	
	Purchase Strategy **						
<b>Signature</b>							

<b>Details</b>			
Vendor Visit, Market Feedback, Trial Order Result, Test Report, Potential Items to supply in Future. Advantage :			
Purchaser Name	Nesia		
Company Code	IPP	Purchase Organization	I26
ACC. GROUP	Z003	Domestic - Spares & Consumable	
Vendor Schema :	<input checked="" type="checkbox"/> LP (Local Purchase)	<input type="checkbox"/> IP (Import Purchase)	<input type="checkbox"/> SL (Scrap Local)
<b>PAYMENT ACCOUNT &amp; METHODS</b>			
RECON.ACCOUNT	5210000002	Domestic-Spares&Cons	
PAY TERMS METHODS	Z003	Credit 14 days After Receipt	
A.OUTGOING	CDCOB	* Pls don't fill anything for OUTGOING	
B.INCOMING	K	Credit Sale	
WITHOLDING TAX TYPE	I1	PPH 22 on Invoice	
CURRENCY			
INCOTERMS	FRN	Franco	
LOCATION			
<input type="checkbox"/> Approved Vendor	Vendor Code :		
<input checked="" type="checkbox"/> New Vendor			

<b>Plant Head</b>	
Remarks	
Signature and Date	

<b>New Vendor entered in computer system by</b>	
Name	
Date & Signature	

**Ranking Criteria \*\*\***

- 1 Poor
- 2 Good
- 3 Very Good
- 4 Excellent
- 5 Exceptional

**Entry data Verified**

- \* Nature of Criticality = Is that supplier will supply Critical Item ?
- \*\* Purchase Strategy = How many supplier can supply this Item ?
- \*\*\* Ranking Criteria = Price - Commercial Criteria
- \*\*\* Ranking Criteria = Refer to CSOP and Data Provided by Vendor