



**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   |                  | HANWA INDONESIA, PT                       |                |
| 2. Address &  |                  | MIDPLAZA 1 BUILDING, 9TH FLOOR            |                |
| Street (Domicile)   |                  | JL JEND. SUDIRMAN KAV.10-11 JAKARTA 10220 |                |
| City & Postal Code  |                  |   |                |
| District  |                  |   |                |
| Country   |                  | ID  | INDONESIA      |
| Business language & currency  |                  |   |                |
| Telephone   |                  | 021-5785 3033                             |                |
| Fax   |                  | 021-5785 3045                             |                |
| e-mail  |                  |   |                |
| Website   |                  |   |                |
| 3. Contact person   |                  |   |                |
| Name  |                  |   |                |
| Position  |                  |   |                |
| Telp  | 021-5785 3033    |   |                |
| Fax   | 021-5785 3045    |   |                |
| Hand Phone  |                  |   |                |
| Email   |                  |   |                |
| 4. Legal Documents of Indonesian Company (attached)   |                  |   |                |
| Notary deed / akte pendirian  | No               | Valid until                               |                |
| SIUP /Surat Ijin Usaha Perdagangan  |                  |   |                |
| TDP /Tanda Daftar Perusahaan  |                  |   |                |
| Legalization from DEPKUMHAM (special for PT)  |                  |   |                |
| 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  | BANK MANDIRI     |   |                |
| A/C No.   | 122 000 693 2332 |   |                |
| Bank Branch & Address   |                  |   |                |
| Name in cheque  |                  |   |                |
| SWIFT Code  |                  |   |                |
| IBAN  |                  |   |                |
| 6. Taxation   |                  |   |                |
| NPWP / Tax Number   |                  |   | Name:          |
| PKP No.   |                  |   | Name:          |
| 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  |                  | DISTRIBUTOR                               |                |
| Pattern of business holding   |                  |   |                |
| Name of the parent company  |                  |   |                |
| Name of the principal company   |                  |   |                |
| Have you ever been in business with Ispat Indo<br>(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  |                  |   | (Company Seal) |
| Date  |                  |   |                |

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   |                                |                     |                |                          |
| b   |                                |                     |                |                          |
| c   |                                |                     |                |                          |
| d   |                                |                     |                |                          |
| 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)   |                                |                     |                |                          |
|   |                                |                     |                |                          |

**Declarations**

We hereby declare that information above is correct and true to best of our knowledge.

|           |  |                |
|-----------|--|----------------|
| Signature |  | (Company Seal) |
| Name      |  |                |
| Date      |  |                |

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