

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

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

Email: rahadian.christyanto@ispatpanca.com

Vendor Profile Form

1.	Tittle & Name of the Vend	or	PT KARO	MAH ARTA	JAYA				
2.	Address &		Jalan Gajah Mada No.65 RT.004 RW.010						
	Street (Domicile)		Desa Sawotratap Kecamatan Gedangan						
	City & Postal Code		Kabupaten Sidoarjo 61254						
	District		Jawa Timur						
	Country		ID INDONESIA						
	Business language & currency			Indonesia IDR					
	Telephone		031 855 84 855						
	Fax								
	e-mail		karomahartajaya.office@gmail.com						
<u> </u>	Website								
3.	Contact person								
	Name SUPANGAT								
	Position Direktur								
	Telp	031 855 84 855							
	Fax								
	Hand Phone	0822 1037 2909 / 08	22 1037 2909 / 0813 3121 2232						
	Email	karomahartajaya.office	@gmail.co	om ·					
4.	Legal Documents of Indo	nesian Company (att	ached)			No	Valid until		
	Notary deed / akte pendiria				100				
	SIUP /Surat Ijin Usaha Perd	dagangan			510/615-P	I/404.6.2/2015			
	TDP /Tanda Daftar Perusah	naan	in .		13.17.1.82.	03499			
	Legalization from DEPKUM	IHAM (special for PT)			AHU-09389	925.AH.01.02.TAHUN 20	15		
	SIUJK (special permit for C					03/02/X/2015	T		
	SIO from DISNAKER (spec	er Supply	1	188/614/Sk	V/106.04/2015	 			
	Insurance JAMSOSTEK reg			NPP 17111					
	Wajib Lapor Tenaga Kerja (special permit for Man				5315				
-	Vendor's Banker (Must be		npower o	appiy)	10010				
٥.	Name of bank	: BNI							
		: 611643007							
	A/C No. : 611643007 Bank Branch & Address : Kantor Cabang Utama Sidoarjo : Cabang Utama Sidoarjo								
	Name in cheque : PT. KAROMAH ARTAJAYA								
		. 11. WAROWAITAR	IAVAIA						
	SWIFT Code : IBAN :								
6	Taxation								
0.	NPWP / Tax Number	03.025.361.1-643.000			Nome: DT KADOMAH ADTA IAVA				
	NPVVP / Tax Number	03.025.361.1-643.000	00		Name: PT. KAROMAH ARTAJAYA				
	PKP No.	PEM-00373PKP/WPJ.	J.24/KP.1103/2010		Name: PT. KAROMAH ARTAJAYA				
7.	Other Details								
	Total applied turnover (6):	for last 3 years	Year 1						
	(pls enclose balance sheet)		Year 2	ja					
			Year 3		and the same transportation		7		
				1					
	Year of commencement		2019						
	Nature of business		Manufacturer / Authourised Dealer / Trader (Please enclose government permission registration details)						
	Pattern of business holding	Description by (Description (Description))							
		Properietorship / Partnership / Public Ltd (please attach copy of registration							
	Name of the parent compar	PT. KAROMAH ARTAJAYA							
	Name of the principal comp	PT. KAROMAH ARTAJAYA							
	Have you ever been in busi						~		
	(If yes - detail year of interaction and purpose)								
De	clarations					_	M		
We	hereby declare that inform	ation above is corre	ct and tru	ie to best o	of our know	ledge.			
Signature Huss									
Signature									
	Name SUPANGAT						CITY A		
Dat	e I	December 2, 2019				(Co	mpany Seal)		

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



Vendor Profile Form

8.	List your top five customers in order of businees volume											
	Name, location of the customer		Annual busines, \$		% of your total business							
a	PT. Dutabudi Tulusreja	2010			10%							
b	PT. Diraja Surya Furniture		2017 2017		50% 10%							
	UD. Mitra Plastik Sejahtera PT. Propan Raya Icc	2017			20%							
e	PT. Bukit Hijau	2018			10%							
9.	Details of products / services offered	(Must note the deta	ils and Pls en	close the pro	oduct catalogues if any)							
10	Perusahaan Penyedia Jasa Pekerja (PPJP) dan Pemborongan Pekerjaan 10. Organisation stucture of your company (pls enclose a copy)											
10.	organisation stacture or your compa	Mgmt	Skilled	Unskilled	Total							
	Number of employees	14	30	256	300							
44	Name of key persons in yours organi	nation & contact d										
11.	Name of key persons in yours organic		etaiis									
	No. Name	Phone No	Phone No		Email							
	1 SUPANGAT	0822 1037	0822 1037 2909 / 0813 3121 2232		karomahartajaya.office@gmail.com							
	2 ARIE ADYTAMA											
12.	Quality System Accreditation (ISO 90	00, 14000, OHSAS	, etc) (If yes,	pls enclose de	etails)							
	Quality System											
	Agency		-									
12	Year received Inspection & testing facilities and pro	cedures for the pr	oducts and									
13.	services offered (pls enclose details)	occurred for the pr	oudow und									
	Menghasilkan tenaga kerja terampil dan produktif											
14.	Customer complaint handling process (pls enclose details)											
	Pembinaan secara periodik dan berkesinambungan											
15.	Details of your associates / authorised dealers / service centers to deal with ISPAT INDO (Please enclose authorisation letter)											
16.	Business with Ispat Group / Arcelor N											
	Are you supplying to any other Ispat Group / Arcelor Mittal Units (If yes, pls include which unit and items supplied)											
	No Unit Yes	ar		Item	ns supplied							
_	Polationship with any of ISPAT Group	- Arcelor Mittal E	mnlovee / Ex	-Employee	(Please give details of the person and							
	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												
Nan		T	9 < 1.	7								
Dat	e December	2, 2019			(Company Seal)							

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