



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.mahyln@ispatpanca.com

F-PUR-03-01
REV 05-2013
- PUR R/ 01 -

Vendor Profile Form

1. Title & Name of the Vendor		PT NABEL SAKHA GEMILANG	
2. Address &		JL. BOULEVARD RAYA, GRAHA SAPPHIRE BLOK M5 NO. 9C	
Street (Domicile)		GADING SERPONG	
City & Postal Code		TANGERANG	
District		BANTEN	
Country		INDONESIA	
Business language & currency		INDONESIA	
Telephone		021 - 5421 0098 (HEAD OFFICE) / 031 - 8686100 (EAST JAVA BRANCH)	
Fax		021 - 5421 0099 / 031 - 868 6011	
e-mail		surabaya@nabelsakha.com	
Website		www.nabelsakha.com	
3. Contact person			
Name		SATRIO HENDRATNO	
Position		KEY ACCOUNT MANAGER	
Telp		031 - 868 6100	
Fax		031 - 868 6011	
Hand Phone		08111204707	
Email		satrio@nabelsakha.com	
4. Legal Documents of Indonesian Company (attached)			
Notary deed / akte pendirian		No	Valid until
SIUP / Surat Ijin Usaha Perdagangan		33	
TDP / Tanda Daftar Perusahaan		503/00297-BPMP/TP/30-03/PM/II/2015	27-Feb-20
Legalization from DEPKUMHAM (special for PT)		30.03.1.47.06698	
SIUJK (special permit for Civil Construction)		AHU-AH.01.03-0185926	
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		MANDIRI	
A/C No.		155 00 23320065	
Bank Branch & Address		KCP TANGERANG SUMMARECON GADING SERPONG	
Name in cheque		PT NABEL SAKHA GEMILANG	
SWIFT Code			
IBAN			
6. Taxation			
NPWP / Tax Number		02.628.914.0-415.000	Name: PT NABEL SAKHA GEMILANG
PKP No.		S-14PKP/WPJ.08/KP.0703/2014	Name: PT NABEL SAKHA GEMILANG
7. Other Details			
Total annual turnover (\$): for last 3 years		Year 1	Rp. 8.204.172.352,-
(pls enclose balance sheet)		Year 2	Rp. 11.535.123.562,-
		Year 3	Rp. -
Year of commencement		2006	
Nature of business		Authorised Dealer	
Pattern of business holding		Proprietorship	
Name of the parent company		PT NABEL SAKHA GEMILANG	
Name of the principal company		PT TOTAL OIL INDONESIA	
Have you ever been in business with Ispat Indo - NOT YET (If yes - detail year of interaction and purpose)			
Declarations			
We hereby declare that information above is correct and true to best of our knowledge.			
Signature		(Company Seal)	
Name: YUNIARKO E			
Date: 02 May 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	PJB UBJOM PAITON - Probolinggo	2 Billion	37	
b	BUT SAKA INDONESIA PANGKAH LTD - Gresik	1.2 Billion	22	
c	SUMBER ORGANIK	520 Million	11	
d	CHAROEN POKPHAND INDONESIA	500 Million	11	
e	TERMINAL TELUK LAMONG	1 Billion	18	
9. Details of products / services offered (Must note the details and Pls enclose the product catalogues if any)				
TOTAL Lubricants: oil, hydraulic oil, turbine oil, transformer oil, compressor oil, engine diesel oil, etc) 1. Oil (gear 2. Grease (Multi Purpose Grease, High Temperature-High Pressure (Load)-Hard Condition, Water Resistant Grease, High Speed Grease, etc)				
10. Organisation structure of your company (pls enclose a copy)				
Number of employees		Mgmt	Skilled	Unskilled
		2	5	0
11. Name of key persons in yours organisation & contact details				
No.	Name	Phone No.	Email	
1	Yuniarko Endrawan	08111 238604	nanang@nabelsakha.com	
2	Retno Yulia	081216231833	surabaya@nabelsakha.com	
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)				
Oil analysis				
14. Customer complaint handling process (pls enclose details)				
Received Customer complaint --> Sales Department collects all the details --> Engineer investigates the issue, and judge the complaint after allocation --> Classification of the complaint --> If Yes (Quality Meeting: Responsible procedure / Department, handling methods, responsible person, planning, improvement measures and Closes the complaint file). If No (Reject --> Do feedback to Sales department or the customer and Close the complaint file.)				
15. Details of your associates / authorised dealers / service centers to deal with ISPAT INDO (Please enclose authorisation letter)				
Total Lubricants Authorized Distributor - East Java Area				
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)				
Not any relationship				

Declarations

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

Signature

Name Yuniarko E

Date 2 May 2018

(Company Seal)

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

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Vendor Profile Form

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

Details			
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)
PAYMENT ACCOUNT & METHODS			
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			

Plant Head	
Remarks	
Signature and Date	

New Vendor entered in computer system by	
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 ?
How many supplier can supply this Item ?
- ** Purchase Strategy = Price - Commercial Criteria
- *** Ranking Criteria = Refer to CSOP and Data Provided by Vendor