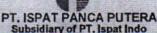


PT. ISPAT PANCA PUTERA
Subsidiary of PT. Ispat Indo
Plant: Jl. Tridharma No. 3, Kav. D 1-9/14-22, Kawasan Industrel Gresik 61121, Indonesia.
Telp: (62)-31-397-4191.Fax: (62)-31-397-2762 / 0678
Email: Imam.mahyln@ispatpanca.com
Vendor Profile Form

| 1.        | Tittle & Name of the Vend  | or                                    | PT.  | DJAJÁ SUKSES SEN   | TOSA                    |  |      |  |
|-----------|--|---------------------------------------|--|--|-------------------------|--|------|--|
| 2.        | Address &  |                                       | JL RADEN SALEH 34  |  |                         |  |      |  |
|           | Street (Domicile) City & Postal Code District  |                                       | OF HOUSE IA ON   | LEN34  |                         |  |      |  |
|           |  |                                       | SURABAYA 60174   |  |                         |  |      |  |
|           |  |                                       | JAWA TIMUR   |  | 60174                   |  |      |  |
|           | Country  | Alternative States                    | The state of the s | ONESIA   |                         | SO SECTION ASSESSMENT  |      |  |
|           | Business language & currer   | ncy                                   | INDONESIANA  |  | IDR                     |  |      |  |
|           | Telephone  |                                       | 031-99250099/99251266  |  |                         |  |      |  |
|           | Fax<br>e-mail  |                                       | 031-99250580<br>purchasing@disjaharapan.com  |  |                         |  |      |  |
|           |  |                                       |  |  |                         |  |      |  |
|           | Website  |                                       | The state of   |  |                         |  |      |  |
| 3.        | Contact person   |                                       |  |  | AND THE RESERVE OF      | <b>对对应是非常不够</b>  |      |  |
|           | Name   | Apri                                  |  |  |                         |  |      |  |
|           | Position   | Customer Service                      |  |  | No. 1 ale               |  |      |  |
|           | Telp   | 031-99250099/9925                     | 2251266  |  |                         |  |      |  |
|           | Fax  | 031-99250580<br>0878 8888 3009        |  |  |                         |  |      |  |
|           | Hand Phone   |                                       |  | A CONTRACTOR OF THE PARTY OF TH |                         |  |      |  |
|           | Email  |                                       |  |  | 400                     | No. of Part of the |      |  |
| 4.        | Legal Documents of Indor   |                                       | ached)   |  | > No                    | Valid until  |      |  |
|           | Notary deed / akte pendirian   |                                       |  | el el distantino   | 38                      | 100 Per 100 Pe |      |  |
|           | SIUP /Surat Ijin Usaha Perd  |                                       | CONTRACTOR DESCRIPTION OF THE PERSON NAMED IN CONTRACTOR OF THE PERSON NAM | 88,A/436,7,17/2018   |                         |  |      |  |
|           | TDP /Tanda Daftar Perusah  |                                       |  |  | 35.8/436.7/17/2018      | 29 Maret 2023  |      |  |
|           | Legalization from DEPKUMI  |                                       | AHU-2  | 20142.40.10.2014   |                         |  |      |  |
|           | SIUJK (special permit for Ch   |                                       |  | X  |                         |  |      |  |
|           | SIO from DISNAKER (speci   |                                       | -  | X  |                         |  |      |  |
|           | Insurance JAMSOSTEK registered (special for inhouse)   |                                       |  |  | X                       | an against management  |      |  |
|           | Wajib Lapor Tenaga Kerja (special permit for Manpower Supply) X  |                                       |  |  |                         |  |      |  |
| 5.        | Vendor's Banker (Must be Fill complete)  |                                       |  |  |                         |  |      |  |
|           | Name of bank   | BCA                                   |  |  |                         |  |      |  |
|           | A/C No. Bank Branch & Address  | 829.091.638.1<br>BCA cab. HR Muhammad |  |  |                         |  |      |  |
|           | Name in cheque   | PT DJAJA SUKSES SENTOSA               |  |  |                         |  |      |  |
|           | SWIFT Code   | FT DUADA SUNDES SENTUSA               |  |  |                         |  |      |  |
|           | IBAN BAN   |                                       | 100  |  |                         |  |      |  |
| 6.        | Taxation   |                                       |  |  |                         |  |      |  |
|           |  |                                       | 3 4-614,000  | Name: PT.  | DJAJA SUKSES SEN        | TOSA   |      |  |
|           | PKP No.  | nvusul Name:                          |  |  |                         |  |      |  |
|           | Annual Control of the |                                       |  |  |                         |  |      |  |
| 7.        | Other Details  |                                       |  |  |                         |  |      |  |
|           | Total annual turnover (\$): for last 3 years (pls enclose balance sheet)   |                                       | Year 1   |  |                         |  |      |  |
|           |  |                                       | Year 2<br>Year 3   | Control of the second second   |                         | Control of the Contro |      |  |
|           |  |                                       |  |  | 910                     | ALCOHOLD STREET  |      |  |
|           | Year of commencement   |                                       |  |  |                         |  |      |  |
|           | Nature of business   |                                       | Authourised Distributor  |  |                         |  |      |  |
|           | Pattern of business holding  |                                       |  |  |                         |  |      |  |
|           | Name of the parent company   |                                       |  |  |                         |  |      |  |
|           | Name of the principal company  |                                       | PT. SCHAFFLER INDONESIA  |  |                         |  |      |  |
|           | Have you ever been in busi   |                                       |  |  |                         |  |      |  |
|           | yes Since 2016   |                                       |  |  | 111                     |  |      |  |
| D         | eclarations  |                                       |  |  | -                       |  |      |  |
| W         | hereby declare that inform   | nation above is corre                 | ect and true to  | best of our knowle   | edge.                   |  | TOCA |  |
| Q1        | gnature  | 1011                                  |  |  | PT . DJAJA              | SUKSES SEN   | IUSA |  |
|           | ime  | THE JACKY THE                         | AKUSUMA  |  | 011                     | RABAYA   |      |  |
| Da        |  | 15 MEI 2018                           |  |  |                         |  |      |  |
| Tr-result | te: Please fill all the fie  | ld with details. Form                 | with blank fie   | eld will not be consi  | idered for registration | on.  |      |  |

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



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|     |     | D6   |      |      |
|-----|-----|------|------|------|
| ven | aor | Prof | 1(0) | Offi |

|                  | List your top five customers in  | order of busine   |  |                |               |   |   |                   |
|------------------|--|---|--|----------------|---------------|---|---|-------------------|
| _                | Name, location of the cur  |   | - /  | Annual busine  | 16, \$        | % of                                    | your total business                     | _                 |
|                  | PT. JINDAL STAINLESS STEEL   |   |  |                |               |   | Library Library                         | _                 |
| and the          | PT. PETROKIMIA GRESIK  |   |  |                |               |   |   |                   |
| _                | PT, MIWON INDONESIA  |   |  |                |               |   | arana aran aran aran aran aran aran ara |                   |
| THE MASTER STEEL |  |   |  |                | 6.1           |   |   |                   |
|                  | PT. PLATINUM CERAMICS  Details of products / services offered (M   |   |  |                |               |   |   |                   |
|                  |  |   |  |                |               | Pro la                                  | *************************************** |                   |
|                  | Organisation stucture of your o  | company (pls en   | The state of the s | py)<br>Skilled | Unskilled     |   | Total                                   |                   |
|                  | Number of employees  |   | Mgmt   | Skilleu        | Unsknieu      |   | Total                                   |                   |
|                  |  | leation 0   | contact d  | atalle         |               |   |   |                   |
| 1                | Name of key persons in yours   | organisation &  | Phone No   | calls          |               | Email                                   |   |                   |
|                  | No. Name   |   |  |                |               |   | Charles and a second                    |                   |
|                  | 1 mr. KASIM EDISANTO   | 97.0  | +62 815-8  | 610-1900       |               | zhuodhbearing                           | @yahoo,com                              |                   |
| 8                | Quality System Accreditation (   | ISO 9000, 1400  | D. OHSAS   | etc) (If yes   | pls enciose d | etails)                                 |   |                   |
| i                | Quality System x   |   |  |                |               |   |   |                   |
|                  | Agency x   |   | <b>374</b>   | 4 1 1 2        |               |   | Self-les                                |                   |
|                  |  | in the second   |  |                |               |   | 100                                     | and the second    |
| 7                |  | and procedures  | Year received   x   13. Inspection & testing facilities and procedures for the products and  |                |               |   |   | The second second |
|                  | services offered (pls enclose deta   |   | for the pr   | oducts and     |               |   |   |                   |
|                  | services offered (pls enclose details and place of the complete of the complet | ails)   | en e   |                |               | 1 2 2 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 |   |                   |
|                  |  | process (pls end  | lose details   | )              |               | PATINDO                                 |   |                   |
| 5.               | Customer complaint handling  Details of your associates / au (Please enclose authorisation)  | process (pis end<br>thorised dealers<br>letter)   | lose details   | )              |               | PATINDO                                 |   |                   |
| 5.               | Details of your associates / au (Please enclose authorisation)  Business with Ispat Group / Ar   | process (pls end<br>thorised dealers<br>letter)   | lose details   | ) centers to   |               | PATINDO                                 |   |                   |
| 5.               | Details of your associates / au<br>(Please enclose authorisation<br>Business with Ispat Group / Ar<br>Are you supplying to any other   | process (pls end<br>thorised dealer:<br>letter)   | lose details   | ) centers to   |               | PATINDO                                 |   |                   |
| 5.               | Details of your associates / au (Please enclose authorisation)  Business with Ispat Group / Ar Are you supplying to any other (If yes, pis include which unit and its  | process (pls end<br>thorised dealers<br>letter)<br>receior Mittal Uni<br>r Ispat Group /                          | lose details   | ) centers to   | deal with IS  | i ku                                    |   |                   |
|                  | Details of your associates / au<br>(Please enclose authorisation<br>Business with Ispat Group / Ar<br>Are you supplying to any other   | process (pls end<br>thorised dealer:<br>letter)   | lose details   | ) centers to   | deal with IS  | PAT INDO                                |   |                   |
|                  | Details of your associates / au (Please enclose authorisation)  Business with Ispat Group / Ar Are you supplying to any other (If yes, pis include which unit and its  | process (pls end<br>thorised dealers<br>letter)<br>receior Mittal Uni<br>r Ispat Group /                          | lose details   | ) centers to   | deal with IS  | i ku                                    |   |                   |
|                  | Details of your associates / au (Please enclose authorisation)  Business with Ispat Group / Ar Are you supplying to any other (If yes, pis include which unit and its  | process (pls end<br>thorised dealers<br>letter)<br>receior Mittal Uni<br>r Ispat Group /                          | lose details   | ) centers to   | deal with IS  | i ku                                    |   |                   |
|                  | Details of your associates / au (Please enclose authorisation)  Business with Ispat Group / Ar Are you supplying to any other (If yes, pis include which unit and its  | process (pis end<br>thorised dealers<br>letter)<br>receior Mittal Uni<br>rispat Group I<br>rems supplied)<br>Year | lose details s / service ts Arcelor M  | centers to     | deal with IS  | ms supplied                             | details of the person a                 | and and           |
| ş.               | Details of your associates / au (Please enclose authorisation)  Business with Ispat Group / Ar Are you supplying to any other (If yes, pis include which unit and ite No Unit   Relationship with any of ISPAT   | process (pis end<br>thorised dealers<br>letter)<br>receior Mittal Uni<br>rispat Group I<br>rems supplied)<br>Year | lose details s / service ts Arcelor M  | centers to     | deal with IS  | ms supplied                             | details of the person a                 | and d             |
| i.               | Details of your associates / au (Please enclose authorisation)  Business with Ispat Group / Ar Are you supplying to any other (If yes, pis include which unit and ite No Unit Relationship with any of ISPAT relationship  | thorised dealers letter)  receior Mittal Uni r Ispat Group / Year   | lose details s / service ts Arcelor M  | centers to     | deal with IS  | ms supplied                             |   |                   |
| 5.<br>6.         | Details of your associates / au (Please enclose authorisation)  Business with Ispat Group / Ar Are you supplying to any other (If yes, pis include which unit and its No Unit Part of ISPAT relationship   | thorised dealers letter)  receior Mittal Uni r Ispat Group / Year   | lose details s / service ts Arcelor M  | centers to     | deal with IS  | ms supplied                             | details of the person a                 |                   |

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 De                                   | pt             | Legal          | Technical Dept          |                | Fina  | nce Dept    |
|-------------------------|---|----------------|----------------|-------------------------|----------------|---|-------------|
|                         |   | Ranking<br>1-5 | Ranking<br>1-5 |                         | Ranking<br>1-5 |   | Ranking 1-5 |
| Departmental Evaluation | Nature of Criticality *  Purchase Strategy ** |                |                | Technical<br>Competancy |                | Financial<br>Turn over<br>& Financial<br>Strength |             |
| Signature               |   |                |                |                         |                |   |             |

|                             |                       | De          | etails                        |           |                   |         |
|-----------------------------|-----------------------|-------------|-------------------------------|-----------|-------------------|---------|
| Vendor Visit, Market Feedba | ack, Trial Order Resu | lt, Test Re | port, Potential Items to supp | ply in Fu | ture, Adva        | ntage : |
|                             |                       |             |                               |           |                   |         |
|                             |                       |             |                               |           |                   |         |
|                             |                       |             |                               |           |                   |         |
| Purchaser Name              | Nesia                 |             |                               |           |                   |         |
| Company Code                | IPP                   |             | Purchase Organization         | 126       |                   |         |
| ACC. GROUP                  | Z003                  | Domestic    | - Spares & Consumable         |           |                   |         |
| Vendor Schema :             | LP (Local Purchase)   |             | IP (Import Purchase)          |           | SL (Scrap         | Local)  |
| PAYMENT ACCOUNT & M         | IETHODS               |             |                               |           |                   |         |
| RECON.ACCOUNT               | 5                     | 210000002   | Domestic-Spares&Cons          |           |                   |         |
| PAY TERMS METHODS           | Z003                  | HEALT,      | Credit 14 days After Receipt  |           |                   |         |
| A.OUTGOING                  | CDCOB                 | * Pls don'  | t fill anything for OUTGOING  |           |                   |         |
| B.INCOMING                  | K                     | Credit Sal  | e                             |           |                   |         |
| WITHOLDING TAX TYPE         | 11                    | PPH 22 o    | n Invoice                     |           |                   |         |
| CURRENCY                    |                       |             |                               |           |                   |         |
| INCOTERMS                   | FRN                   | Franco      |                               |           |                   |         |
| LOCATION                    |                       |             |                               | V         | SHIP TO A SECTION | Angel 1 |
| □ Approved Vendor           |                       | Vendor C    | Code:                         |           |                   |         |
| New Vendor                  |                       |             |                               |           |                   |         |
|                             | BL 211                |             |                               |           |                   |         |
|                             | Plant He              | au          |                               |           |                   |         |

| Plant Head         |        |  |  |  |
|--------------------|--------|--|--|--|
| Remarks            | $\cap$ |  |  |  |
| Signature and Date | Mille  |  |  |  |

| New Vendor entered in computer system by |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |

## 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?
  Price Commercial Criteria
- \*\* Purchase Strategy
- \*\*\* Ranking Criteria
- Refer to CSOP and Data Provided by Vendor