

**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 : rahmat.nuryanto@ispatpanca.com

F-PUR-03-01
REV 05-2013
- PUR/R/01 -**Vendor Profile Form**

1. Title & Name of the Vendor		HongKong Hans Bearing Co., Limited	
2. Address & Street (Domicile)		Address: Unit126,8/F., TowerA Regent Centre,65Wo Yi Hop Road, Kwai Chung, Hong Kong	
City & Postal Code			
District			
Country		999077	
Business language & currency		CN CHINA	
Telephone		Tel: 00852-97582419	
Fax		00852-97582420	
e-mail		Bella@hansbearing.com	
Website		www.hansbearings.com	
3. Contact person			
Name		Elena	
Position		sales	
Telp		00852-30501861	
Fax			
Hand Phone			
Email		Bella@hansbearing.com	
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		: HongKong hans bearing Co., Limited	
A/C No.		: 228-704128-883	
Bank Branch & Address		: Hang Seng Bank Limited/83 Des Voeux Road Central, HK	
Name in cheque		:	
SWIFT Code		: HASE HKHH /Bank Code: 024	
IBAN		:	
6. Taxation			
NPWP / Tax Number		Name:	
PKP No.		Name:	
7. Other Details			
Total annual turnover (\$): for last 3 years (pls enclose balance sheet)		Year 1	
		Year 2	
		Year 3	
Year of commencement			
Nature of business		Manufacturer / Authourised Dealer / Trader (Please enclose government permission registration details)	
Pattern of business holding		Properietorship / 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)			
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.

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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
11. Name of key persons in yours 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.

FAT BEARING
HANS



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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 :			
Bearing Vendor			
Purchaser Name	RAHADIAN CHRISTYANTO		
Company Code		IPP	
ACC. GROUP	Z004	Import - Spares and Consumable	
Vendor Schema :	<input type="checkbox"/> LP (Local Purchase) <input checked="" type="checkbox"/> IP (Import Purchase) <input type="checkbox"/> SL (Scrap Local)		
PAYMENT ACCOUNT & METHODS			
RECON.ACCOUNT	5210000003	Import-Spares&Consumables	
PAY TERMS METHODS	Z001	Cash On Delivery	
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