



**HAYA WATER  
CORPORATE MANAGEMENT SYSTEM**

**Vendor Registration Form**  
[Goods]

**ORGANISATIONAL INFORMATION (PART – A)**

All columns should be properly filled in the space provided for. Wherever it is not applicable please write “not applicable”. Incomplete or incorrect forms may not be considered.

**1. GENERAL INFORMATION**

**NAME OF THE COMPANY/VENDOR**

**ADDRESS**

**a) REGISTERED ADDRESS:**

|           |  |         |  |        |  |
|-----------|--|---------|--|--------|--|
| Telephone |  | Fax     |  | Mobile |  |
| Email     |  | Website |  |        |  |

**b) WORKS/FACTORY:**

|           |  |         |  |        |  |
|-----------|--|---------|--|--------|--|
| Telephone |  | Fax     |  | Mobile |  |
| Email     |  | Website |  |        |  |

(In case of works at more than one location, a separate sheet to be attached for page 1 only)

**LOCAL BRANCH/BRANCH OFFICE /SOLE SELLING AGENT/DEALER/DISTRIBUTOR/ AUTHORIZED LOCAL REPRESENTATIVE (IF ANY)**

Name

Address

|           |  |         |  |        |  |
|-----------|--|---------|--|--------|--|
| Telephone |  | Fax     |  | Mobile |  |
| Email     |  | Website |  |        |  |

**YEAR OF ESTABLISHMENT/DATE OF INCORPORATION OF THE COMPANY/VENDOR/COMMENCEMENT OF PRODUCTION**

**NATURE OF COMPANY**  SME  Micro  Small  Medium  Public  Private  Partnership  Proprietorship  LLC  SAOC  SAOG  Joint Venture  Others

(ATTACH RELEVANT COPIES OF INCORPORATION/PARTNERSHIP DEED/REGISTRATION OF ENTERPRISE )

**NATURE OF BUSINESS**  Agent  Dealer  Distributor  EPC Contractor  Manufacturer  Stockist  Trader  Others (In case of others, Pl specify)

**NAME OF THE**  CHAIRMAN  DIRECTOR  CHIEF EXECUTIVE  PROPRIETOR  PARTNER  OWNER

|           |  |         |  |        |  |
|-----------|--|---------|--|--------|--|
| Telephone |  | Fax     |  | Mobile |  |
| Email     |  | Website |  |        |  |

Registration applied for the supply of:  Goods and/or  Services

Item Category:  Chemicals  Civil  Consultants  Electrical  EPC Contractors for STP  EPC Contractors for Network  General

Information Technology  Instrumentation  Mechanical  Operations  Telecommunications  Others (In case of Others, Pl specify)

| S. No | Item Name | Description | Remarks |
|-------|-----------|-------------|---------|
|       |           |             |         |
|       |           |             |         |
|       |           |             |         |
|       |           |             |         |
|       |           |             |         |
|       |           |             |         |
|       |           |             |         |
|       |           |             |         |
|       |           |             |         |
|       |           |             |         |

(Pl attach separate sheet if space provided is insufficient)



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| 4.0   | FINANCIAL INFORMATION   | Year 1                 | Year 2 | Year 3 | Year 4 |
|---|---|------------------------|--------|--------|--------|
| (Years in ascending order, Money Value in Omani Riyals)                                     |   |                        |        |        |        |
| 4.1   | NET WORTH (Share Capital + Reserves)  |                        |        |        |        |
|   | Growth over previous year ( % )   | -----                  |        |        |        |
| 4.2   | LONG TERM DEBT / LOAN   |                        |        |        |        |
| 4.3   | DEBT EQUITY RATIO: $\frac{\text{Long term Debt (4.2)}}{\text{Net Worth (4.1)}}$ |                        |        |        |        |
| 4.4   | INVESTMENT IN: LAND & BUILDING  |                        |        |        |        |
|   | PLANT & MACHINERY   |                        |        |        |        |
|   | OTHER FIXED ASSETS  |                        |        |        |        |
| 4.5   | 1. NET CURRENT ASSETS   |                        |        |        |        |
|   | a) Cash on hand   |                        |        |        |        |
|   | b) Accounts Receivable  |                        |        |        |        |
|   | c) Inventories  |                        |        |        |        |
|   | Total   |                        |        |        |        |
|   | 2. CURRENT LIABILITY  |                        |        |        |        |
|   | a) Sundry creditors   |                        |        |        |        |
|   | b) Interest accrued but not due   |                        |        |        |        |
|   | c) Credit balance in sundry debtors   |                        |        |        |        |
|   | d) Other liabilities  |                        |        |        |        |
| Total   |   |                        |        |        |        |
| 3. CURRENT RATIO $\frac{\text{Current assets (4.5(1))}}{\text{Current liability (4.5(2))}}$ |   |                        |        |        |        |
| 4.6   | SALES   |                        |        |        |        |
|   | Growth over previous year (%)   | -----                  |        |        |        |
| 4.7   | PROFIT BEFORE TAX   |                        |        |        |        |
|   | Growth over previous year (%)   | -----                  |        |        |        |
| 4.8   | PROFIT AFTER TAX  |                        |        |        |        |
|   | Growth over previous year (%)   | -----                  |        |        |        |
| 4.9   | ANNUAL SALES TURN OVER OF THE ENTITY/INDIVIDUAL:                                |                        |        |        |        |
| <b>4.10 BANK DETAILS</b> (Important – Please fill all details)                              |   |                        |        |        |        |
| Payment Terms (Preferred)   |   | Account Number         |        |        |        |
| Trading Currency  |   | Account's Person Name  |        |        |        |
| Bank Name   |   | Account's Person Title |        |        |        |
| Branch Name   |   | IBAN Number            |        |        |        |
| Bank Address  |   | Bank Swift Code        |        |        |        |
| Bank Telephone  |   | Sort Code              |        |        |        |
| Bank Fax  |   | ABA Routing Number     |        |        |        |
| Bank Email  |   | BLS                    |        |        |        |



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**5. LIST OF DOCUMENTS TO BE SUBMITTED** Pl ensure you tick [v] against documents submitted

**a. Mandatory Requirements**

- Certificate of incorporation of the firm.
- Factory Layout chart.
- Organizational structure, Hierarchy levels, Ownership details, Employee details.
- Manufacturing Process video in Flash/CD.
- Goods, Product, Equipment & Services list with their Drawings, Technical datasheets, Specification sheets, Catalogues, Compliance Statement with reference to Haya Water specifications, with supporting documents/ test reports including qualification test reports of the product/equipment, for which the vendor is applying registration for.
- Production facilities, Tool room facilities, R&D facilities & Special Processes facilities.
- Valid copy of Commercial Registration Certificate issued by Oman Ministry of Commerce and Industry. (Local Agent)
- Valid copy of Commercial Registration Information from Oman Ministry of Commerce and Industry having commercial registration, Ownership/Partnership information/Authorized Managers, Signatories with ID Numbers, Nationality, and Percentage shares etc. (Local Agent)
- Valid Copy of Authorised signatory paper issued by Oman Ministry of Commerce and Industry. (Local Agent)
- Valid copy of Registration Certificate issued by Oman Chamber of Commerce and Industry. (Local Agent)
- Staff head count details, Omanisation details from Ministry of Manpower showing the registration of employees, a detailed statement on the number of employees classified according to the types of their jobs, occupations, their wages and gender, Documentary evidences from Public Authority for Social Insurance showing registration of Omani employees. (Local Agent)

**b. Statutory Requirements**

- Annual sales turnover for last three years, from audited balance sheet. (For enterprises established more than three years)
- Bank Account details of the Vendor (Letter stamped by the Bank)

**c. Qualifying Requirements**

- Valid Copy of Registration Certificate issued by Oman Government Tender Board.
- Previous work experience details showing (LOA/PO Copies from other clients, Performance Letter / Job Completion Letter etc.)
- Details of the "Maximum value order (Single order)" executed for items for which the Applicant apply for registration.
- The Turnover shall be 100% or more than the "Maximum value order" executed during anyone of the three preceding years.
- Purchase order(s) of items for which, registration is sought for.
- Specific Experience (for 3-5 projects) on similar projects/works of matching magnitude/complexity for which the Applicant apply for registration.
- General Experience (for 5-7 projects) on projects/works which are not similar but are important to judge capacity of the Firm.
- Adequacy of Infrastructure Facilities, Machineries & Equipment's, Manpower Resources and Inspection, Testing& Measuring Equipment's.

**d. General Requirements**

- Enrollment as "Registered Vendors" in other firms
- Valid copies of ISO 9001 Certificate
- Valid copies of ISO 14001 Certificate
- Valid copies of OHSAS 18001 Certificate
- Quality, Health, Safety and Environmental Policy, Manual & Procedures.

**Note:** Work experience shall be submitted in the below format for last 5 years period ending on the date of submission of application.

| Year | Full postal address of Client and Officer in charge | Brief description of Work & Quantities | Work Order No & Date | Value of Job/Work/Contract in Omani Riyals | Time Schedule (In Months) | Contractual Date of Completion | Actual Date of Completion | Present Status (of on-going job) | Documents attached in support of columns from a to i |
|------|---|--|----------------------|--|---------------------------|--------------------------------|---------------------------|----------------------------------|--|
|      | a   | b                                      | c                    | d  | e                         | f                              | g                         | h                                | i  |
| 1    |   |  |                      |  |                           |                                |                           |                                  |  |
| 2    |   |  |                      |  |                           |                                |                           |                                  |  |
| 3    |   |  |                      |  |                           |                                |                           |                                  |  |
| 4    |   |  |                      |  |                           |                                |                           |                                  |  |
| 5    |   |  |                      |  |                           |                                |                           |                                  |  |



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**6. ORGANIZATION STRENGTH**

|    | Department/Division | No of Employees |
|----|---------------------|-----------------|
| 1  |                     |                 |
| 2  |                     |                 |
| 3  |                     |                 |
| 4  |                     |                 |
| 5  |                     |                 |
| 6  |                     |                 |
| 7  |                     |                 |
| 8  |                     |                 |
| 9  |                     |                 |
| 10 |                     |                 |
|    | <b>Total</b>        |                 |

**7. LIST OF MANUFACTURING FACILITIES (Including Material Handling Facility)**

TOOLS & PLANT, MACHINERY OWNED BY THE COMPANY

| S.No | Description of Tools & Plant, Machinery | Make | Capacity | Year of installation | Quantity | Accuracy & Finish | Remarks |
|------|---|------|----------|----------------------|----------|-------------------|---------|
|      |   |      |          |                      |          |                   |         |

1. Please Indicate all important T&Ps, Machinery owned by the company
2. Please use additional sheets if required

**8. LIST OF MEASURING FACILITIES, TESTING EQUIPMENT AND INSPECTION FACILITIES**

INSPECTION, MEASURING AND TESTING EQUIPMENTS OWNED BY COMPANY

| S.No | Description of Tools & Plant, Machinery | Make | Capacity | Year of Make | Quantity | Next Calibration Due | Remarks |
|------|---|------|----------|--------------|----------|----------------------|---------|
|      |   |      |          |              |          |                      |         |

1. Please Indicate all-important T&Ps, Machinery owned by the company
2. Please use additional sheets if required.



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9. OTHER PARTICULARS

|   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Does your company provide after sales/service support?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does your company have the system of reviewing tender documents with reference to customer requirement both Technically & from delivery point of view and in case of any deviation in technical specifications and delivery conditions, the deviation are identified and clearly spelt out in offer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Does your company have the system of submission of documents;  |                              |                             |
| a. Invoice  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Packing list   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Test certificates  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Inspection Data  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Does your company have the system of generating vendor rating where quality, delivery and response to RFQ are considered as the criteria   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>5 ANY FAMILY MEMBER OR RELATIVE WORKING IN HAYA WATER?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Pl furnish   |                              |                             |
| Name  | Staff No                     | Designation                 |
| Department  | Relationship                 |                             |
| <b>6 IF ANY EX-HAYA WATER STAFF IS EMPLOYED IN THE COMPANY, MENTION HIS/HER DETAILS OF LAST POSTING?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, Pl furnish   |                              |                             |
| Name  | Staff No                     | Designation                 |
| Department  | Date of leaving service      |                             |

11. DECLARATION

I/ We give the undertaking that,

1. Our registration may get cancelled for any in corrective information
2. Haya drawings and specifications will not be used in anyway causing harm to the interest of Haya Water and/or supply of any material, product or services directly.
3. All materials, components and assemblies including packing materials supplied by us will be free from asbestos and ceramic fiber.

(Authorized Signatory with stamp)



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**QUALITY COMPETENCE (PART – B)**

| S. No | Parameter  | System in effect   |          | Records<br>Please tick [v] if available and submit evidences | Remarks   |
|-------|--|--|----------|--|---|
|       |  | Written Procedure<br>Please tick [v] if available and submit evidences | Practice |  |   |
| 1     | Incoming Material Control System   | <input type="checkbox"/> Yes <input type="checkbox"/> No               |          |  | Furnish a copy of system and organization                                   |
| 2     | In Process Control   | <input type="checkbox"/> Yes <input type="checkbox"/> No               |          |  | Furnish at least one work instruction & record of process control parameter |
| 3     | Manufacturing / Testing Procedure Qualification  | <input type="checkbox"/> Yes <input type="checkbox"/> No               |          |  | PQS(Procedure Qualification Specification) to be submitted                  |
| 4     | Personnel Qualification  | <input type="checkbox"/> Yes <input type="checkbox"/> No               |          |  | Record of Personnel Qualification to be submitted                           |
| 5     | Calibration System   | <input type="checkbox"/> Yes <input type="checkbox"/> No               |          |  | Submit list of instrument & their calibration status                        |
| 6     | System of identification & Traceability of materials, tools, jigs, fixtures & processed components, etc. | <input type="checkbox"/> Yes <input type="checkbox"/> No               |          |  | Copy of procedure to be submitted   |
| 7     | System of storage, Preservation, Painting & Packing  | <input type="checkbox"/> Yes <input type="checkbox"/> No               |          |  | Copy of procedure to be submitted   |
| 8     | System of NCR disposition & corrective preventive action   | <input type="checkbox"/> Yes <input type="checkbox"/> No               |          |  | Two copies of NCR & CAPA  |
| 9     | Customer complaints handling system  | <input type="checkbox"/> Yes <input type="checkbox"/> No               |          |  | Submit list of customer complaints & status for the last three years        |
| 10    | Safety measures  | <input type="checkbox"/> Yes <input type="checkbox"/> No               |          |  | Submit copy of safety system & Record of accidents for last three years     |
| 11    | Any other quality initiative   | <input type="checkbox"/> Yes <input type="checkbox"/> No               |          |  |   |

**List of Enclosures**

- Copy of system of control for incoming materials and organization chart
- Copy of at least one process control work instruction
- Record of process control parameter
- Copy of at least one Procedure Qualification Specification
- Record of Personnel Qualification
- List of instrument and their calibration status
- Copy of procedure for identification, traceability of materials, tools, jigs, fixtures & processed components, etc
- Copy of procedure for storage/preservation/painting & packing
- Copies of two NCRs and their CAPA
- List of customer complaints & status for the last three years
- Copy of safety system
- Record of accident for last three years

(Authorized Signatory with stamp)



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**TECHNICAL COMPETENCE (PART – C)**

| S. No | Parameter                             | Records<br>Please tick [✓] if available<br>and submit evidences | Remarks   |
|-------|---------------------------------------|---|---|
| 1     | Manufacturing Plant and Machinery     | <input type="checkbox"/> Yes <input type="checkbox"/> No        | Submit evidence showing<br>1. Adequate manufacturing facilities such as machineries, equipment's etc. are available to carry out the job according to customer drawings and specifications.   |
|       |                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No        | 2. Submit details of outsourced facilities  |
| 2     | Manpower Resources                    | <input type="checkbox"/> Yes <input type="checkbox"/> No        | Submit evidence showing<br>1. Personnel assigned manufacturing responsibilities are adequate in number and have requisite qualifications/experience and expertise for understanding the product specification/Technical data sheet are available to carry out the job (Include main contractors/subcontractors list also) |
|       |                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No        | 2. Personnel assigned quality control responsibilities are adequate in number and have requisite expertise to carry out the job and authority for the product.  |
|       |                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No        | 3. Submit details of outsourced resources also  |
| 3     | Manufacturing Process                 | <input type="checkbox"/> Yes <input type="checkbox"/> No        | Submit evidence showing<br>1. Company has availability of all manufacturing operations and process in-house. (These include all process/operations required to be performed on the raw materials, for conformity of end product to required applications including packing, marking, handling and storage/delivery)       |
|       |                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No        | 2. The available process capability is adequate and compatible with the product specific requirements   |
| 4     | Testing                               | <input type="checkbox"/> Yes <input type="checkbox"/> No        | Submit evidences whether<br>1. Essential test equipment for all quality control and measurements are available in-house   |
|       |                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No        | 2. Firm has In-house lab facilities   |
|       |                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No        | 3. Submit details of outsourced facilities  |
| 5     | In-house Quality Control              | <input type="checkbox"/> Yes <input type="checkbox"/> No        | Submit evidences whether<br>1. Adequate quality plan to meet the technical specifications and product related requirements at all stages during the manufacturing process is available  |
|       |                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No        | 2. In-process inspection and testing is automatically carried out as per the quality plan and data is recorded.   |
|       |                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No        | 3. In-house controls as per quality plan is adequate to ensure product performance  |
|       |                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No        | 4. Performance of machines, instruments, jigs, fixtures, gauges and operations is monitored during the manufacturing process.   |
| 6     | Adequacy of Infrastructure Facilities | <input type="checkbox"/> Yes <input type="checkbox"/> No        | Submit evidences showing<br>1. Adequate space is available for manufacturing facilities including covered and open space, stores, maintenance set-up for in-house plant/machinery and test equipment, inspection facilities are available   |
|       |                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No        | 2. Adequacy of standby power arrangement is available   |
|       |                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No        | 3. Adequate water arrangement is available  |
|       |                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No        | 4. Lighting and Ventilation   |
|       |                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No        | 5. Hygiene and Sanitation of the firm and surrounding area  |
|       |                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No        | 6. Firefighting arrangements  |
|       |                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No        | 7. First aid and Medical arrangements   |
|       |                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No        | 8. Eco-friendly waste disposal (or) details of existing method  |

(Authorized Signatory with stamp)