



**HAYA WATER
CORPORATE MANAGEMENT SYSTEM**

**Vendor Registration Form
[Services]**

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, PI 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, PI specify)

S. No	Item Name	Description	Remarks

(PI 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: <u>Long term Debt (4.2)</u> 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 <u>Current assets (4.5(1))</u> <u>Current liability (4.5(2))</u>				
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:				

4.10 BANK DETAILS (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

- Valid copy of Commercial Registration Certificate issued by Oman Ministry of Commerce and Industry.
- 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.
- Valid Copy of Authorised signatory paper issued by Oman Ministry of Commerce and Industry.
- Valid copy of Registration Certificate issued by Oman Chamber of Commerce and Industry.
- Valid Copy of Registration Certificate issued by Oman Government Tender Board.
- 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.

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

- 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 / ISO 45001 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	
Total	

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
5 ANY FAMILY MEMBER OR RELATIVE WORKING IN HAYA WATER? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Pl furnish		
Name	Staff No	Designation
Department	Relationship	
6 IF ANY EX-HAYA WATER STAFF IS EMPLOYED IN THE COMPANY, MENTION HIS/HER DETAILS OF LAST POSTING? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 Please tick [v] if available and submit evidences	Remarks
		Written Procedure 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

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TECHNICAL COMPETENCE (PART – C)

S. No	Parameter	Records Please tick [v] if available and submit evidences	Remarks
1	Manufacturing Plant and Machinery	<input type="checkbox"/> Yes <input type="checkbox"/> No	Submit evidence showing 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 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 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 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 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 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)