



SP.10.02 VENDOR MANAGEMENT

**SP.10.02-F-07
SUPPLIER/VENDOR PREQUALIFICATION CHECKLIST**

Supplier/Vendor Name: _____

| SN | REQUIREMENTS / DETAILS TO BE SUBMITTED | YES | NO |
|----|---|--------------------------|--------------------------|
| 1 | Prequalification Form duly filled by Supplier/Vendor | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Company Profile | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Latest & Valid Business Registration Certificate & Tax Certificate | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Latest & Valid Chamber of Commerce Registration Certificate <i>(for LOCAL only)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Latest & Valid GOSI Certificate <i>(for LOCAL only)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | Latest & valid ZAKAT Certificate <i>(for LOCAL only)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | Latest & valid VAT Certificate <i>(for LOCAL only)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | Latest & Valid Saudization Certificate <i>(for LOCAL only)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | Latest & Valid Netaqat Certificate <i>(for LOCAL only)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | Bank Letter/Certificate including the Bank account & IBAN Number | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | Details of major clients and their details & List of high value projects carried out | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | Copies of project completion / satisfactory supply completion certificate from clients | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 | ISO Certificates | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 | EHSS Procedure (Environment, Health, Safety & Security) | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 | If it is Manufacturing unit then provide details of manufacturing facility, list of machinery, equipment etc. | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 | List of manpower available under sponsorship <i>(for LOCAL only)</i> | <input type="checkbox"/> | <input type="checkbox"/> |

Note: *This form must be at the first page. Provide all requirements, prepare and arrange in one box file as per the arrangement order. Place a label in each requirements.*

FOR PROCUREMENT USE ONLY...

Review by: _____

Signature: _____

Date: _____

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