

**SP.10.02 VENDOR MANAGEMENT****SP.10.02-F-09
SUPPLIER/VENDOR UPDATE CHECKLIST FORM**

Supplier/Vendor Name: _____

SN	REQUIREMENTS / DETAILS TO BE SUBMITTED	YES	NO
1	Supplier/Vendor Update Form duly filled by Supplier/Vendor	<input type="checkbox"/>	<input type="checkbox"/>
2	Contact person and details	<input type="checkbox"/>	<input type="checkbox"/>
3	Valid and latest Business Registration Certificate	<input type="checkbox"/>	<input type="checkbox"/>
4	Valid and latest Chamber of Commerce Registration Certificate	<input type="checkbox"/>	<input type="checkbox"/>
5	Valid and latest Saudization Certificate	<input type="checkbox"/>	<input type="checkbox"/>
6	Valid and latest GOSI Certificate	<input type="checkbox"/>	<input type="checkbox"/>
7	Valid and latest Netaqat Certificate	<input type="checkbox"/>	<input type="checkbox"/>
8	Latest & valid ZAKAT/TAX Certificate	<input type="checkbox"/>	<input type="checkbox"/>
9	VAT Certificate	<input type="checkbox"/>	<input type="checkbox"/>
10	Bank Information Letter including the IBAN Number	<input type="checkbox"/>	<input type="checkbox"/>

FOR PROCUREMENT USE ONLY

Review by: _____

Signature: _____

Date: _____

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