SUPPLY CHAIN MANAGEMENT OFFICE

## **VENDOR REGISTRATION FORM**

| General Instructions:  |   |  |
|--|---|--|
| The AUC vendor registration form to be fully completed, signed and stamped by an authorized signatory at the vendor end, with  |   |  |
| no missing data.   | and a situation in English or Archie If the decumentation is in |  |
| All the sections of the form and all support documentation shall be submitted in English or Arabic. If the documentation is in language other than English or Arabic, it should be accompanied by a certified translation. |   |  |
| Incomplete submissions will not be processed.  | sortinoa translation.   |  |
| AUC reserve the right to consider or reject the request without assignin   | ng any reason.  |  |
| -  |   |  |
| Section 1: Company Details and General Information   |   |  |
| Company Legal Name:  |   |  |
| Address:   |   |  |
| P.O Box:   |   |  |
| City:  | Country:  |  |
| Telephone Number:  | Fax Number:   |  |
| Company Email Address:   |   |  |
| Website:   |   |  |
| Authorized Contact Name (as per the company registry):   | Title:  |  |
| Telephone Number:  | Mobile Number:  |  |
| Direct Email Address:  |   |  |
|  |   |  |
| Type of Business (Mark one only):  |   |  |
|  | Proprietorship Government Agency                                |  |
| Other (Please specify):  |   |  |
| Year Established:  | Number of fulltime employees:                                   |  |
| State/Province/Country where registered:   | • -   |  |
| VAT No./Tax I.D:   | Tax File number:  |  |
| Tax Authority:   | Withholding Tax % :   |  |
| Commercial registration/license number:  | <b>5</b>  |  |
| Date issued:   | Date of expiry:   |  |
| 340.000  | 2000 0. 3   |  |
| Enclosed:  |   |  |
| Recent commercial registry (6 months old max.)   |   |  |
| Tax Card (for local vendors), or AUC provides form   | 501 C for all American companies to confirm its                 |  |
| exemption from Tax in USA.   | or of or an amountain occupanies to committee                   |  |
| Commercial Registration Card   |   |  |
| Sales Taxes certificate  |   |  |
|  |   |  |
| Please mark the type of relation exist, if any, between any  | of your organization member(s), with any of AUC                 |  |
| member(s):   |   |  |
| Family ties  |   |  |
| Friendship   |   |  |
| If selected, please specify names of those staff/faculty men   | nber(s)   |  |

| Section 2: Financial Information   |  |  |
|--|--|--|
| Gross Annual Turnover for the last 3 years (please state currency):  |  |  |
| Year 1: Year 2: Year 3:  |  |  |
| Annual Value of Total Sales for the last 3 Years (please state currency):  |  |  |
| Year 1: Year 2: Year 3:  |  |  |
| Enclosed are the last 3 years Audited Financials reports   |  |  |
|  |  |  |
| Bank Name:   | Branch:  |  |
| Account Name:  |  |  |
| Account Number:  | Account currency:  |  |
| Bank Address (City/State/Region/Postal Code/Country):  |  |  |
|  | •  |  |
| Swift Code:  | IBAN:  |  |
| Credit Term:   | Credit Limit:  |  |
|  |  |  |
| Section 3: Technical Capability and Information  | on on Goods/Services Offered                                 |  |
| Has your company ever been terminated for co   | ntract non-performance?                                      |  |
| ☐ Yes ☐ No   | (If yes, please attach a detailed explanation)               |  |
| Has your company changed name(s) within the  | last 5 years?  |  |
| ☐ Yes ☐ No   | (If yes, please attach a detailed explanation)               |  |
| Enclosed:  |  |  |
| ☐ Copy of your latest Quality Assurance C  | Certification (e.g. ISO 9000 or Equivalent), if applicable.  |  |
|  |  |  |
| List of at least 3 key clients over the last two years (in the same field of application applied for, and having   |  |  |
| similar business scale of AUC) with names of contacts there with their mobile number. Copies of their latest purchase orders are mandatory to be provided as evidence of experience. |  |  |
| Client (1) details:  | The desired of experiences                                   |  |
| Chem (1) actumes   |  |  |
| Client (2) details:  |  |  |
| One it (2) details.  |  |  |
| Client (3) details:  |  |  |
| onen (3) details.  |  |  |
| Vendor's authorization to let SCM of AUC to make all needed communication with clients for reference   |  |  |
| checks.  |  |  |
|  |  |  |
| Section 4: Goods/Services Classification   |  |  |
| Indicate your company's primary line of busines  | ss:  |  |
| ☐ Manufacturer ☐ Trader  | ☐ Authorized Agent ☐ Consulting Company                      |  |
| Other (Please specify):  |  |  |
| Provide a description of your company's prima  | ry products/services, in order of competence:                |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Enclosed:  |  |  |
| ☐ Vendor Company Profile.  |  |  |
|  | ment/dealership/distributorship for the products or services |  |
| that they will be able to provide AUC with, if applicable.   |  |  |

| Section 5: Environment  |                                |  |
|---|--------------------------------|--|
| Does your Company have a written Statement of its Environmental Policy?   |                                |  |
| ☐ Yes ☐ No  | (If yes, please attach a Copy) |  |
| Write down the name, qualification and contact details of your company's environmental focal point.                       |                                |  |
| Name:   | Qualification:                 |  |
| Telephone:  | Email:                         |  |
| Does your organization hold any accreditation related to the environment?   |                                |  |
| ☐ Yes ☐ No  | (If yes, please attach a Copy) |  |
|   |                                |  |
| Section 6: Purchasing Terms and Conditions  |                                |  |
| By signing this VRF, potential vendors confirm that they have read, understood and will comply with AUC                   |                                |  |
| purchasing terms and conditions. Please confirm.  |                                |  |
| │   |                                |  |
| Section 7: Contification  |                                |  |
| Section 7: Certification  I, the undersigned, hereby attest that the information provided herein is complete and correct. |                                |  |
| The information provided herein including attachments shall become representations under any resulting                    |                                |  |
| Contract. In the event of changes, details will be provided as soon as possible.  |                                |  |
| Name  |                                |  |
| Title   |                                |  |
| Signature   |                                |  |
| Date  |                                |  |
| Failure to submit the requested support documentation and/or providing incorrect information (where                       |                                |  |
| applicable) may invalidate your application or registration at AUC buying records.  |                                |  |
|   |                                |  |
| Section 8: For AUC internal use   |                                |  |
| Delegate Approval (Signature) :   |                                |  |
| Reason(s) for seeking adding new vendor to AUC approved vendors' database   |                                |  |
|   |                                |  |
|   |                                |  |
| Define the source( newspaper, website, word of mouth) who guided/provided this vendor contact                             |                                |  |
|   |                                |  |
|   |                                |  |
| Purchasing Accounts Approval (Signature) :  |                                |  |
| Assistant Director Approval (Signature) :   |                                |  |
| Check vendor's performance.   |                                |  |
| SAP vendor code:  |                                |  |