



VENDOR REGISTRATION FORM

You Are Kindly Requested To Answer All Of The Following Questions Using Blue Ink Only

1) This Application Is For The Purpose Of:

Renewal

New Registration

If Renewal, Please Advise Current HMC Vendor's Registration Number:

2) Legal Business Name:

3) Postal Address:

4) Street Address:

5) Additional Address:

6) Name of Business Owner(s):

7) General Manager Name:

Phone No:

Mobile No:

Fax No:

Email Address:

Company's Website Address

8) Name of Authorized Person for Financial/ Accounting:

Title:

Phone No:

Mobile No:

Fax No:

Email Address:

9) Name of Authorized Representative from Sales Department:

Title:

Phone No:

Mobile No:

Fax No:

Email Address:

10) Commercial Business Registration No.:

Country of Origin:

Export/ Import License No.:

Validity Date:

Municipality Registration No.:

Validity Date:

Total Number of Employees:

NOTE: Please attach your Company's profile and structure.

11) Are you, your partner, your staff and/or any of your relatives (from any of the following relationship grades: 1st, 2nd, 3rd, 4th ... please refer to the relationship chart below) an employee of Hamad Medical Corporation, Primary Health Care Corporation, Medical and Research Center, M/S. Sidra, M/S. Naufar or the Ministry of Public Health?

Yes

No

If yes, please specify:

a) Name(s):

b) Department:

c) Relation:

Relationship Chart: 1ST Grade: Father, Mother, Son and Daughter

2ND Grade: Brother, Sister, Grandfather, Grandmother, Grandson and Granddaughter

3RD Grade: Uncle, Aunt, Nephew and Niece

4TH Grade: Cousins (male and female)

NOTE: We confirm that we will not interfere/ participate or influence any evaluation being made towards our quotations.

12) Select From The Following In Accordance With The Nature Of Your Business Indicating For Which You Are Qualified To Supply:

Category M: Medical Items/ Consumables

Applicable Fee = Qrs. 500.00

- Medical Supplies Surgical Instruments Surgical Supplies Medical Equipment
- Dental Supplies/ Instruments Laboratory Consumables/ Reagents
- Others (please specify)

Category P: Pharmaceuticals

Applicable Fee = Qrs. 500.00

- Drugs Chemicals
- Others (please specify)

Category E: Engineering Items

Applicable Fee = Qrs. 500.00

- Biomedical** Repair and Maintenance Spare Parts
- Materials:** Building Materials Sanitary Wares Tools Consultant Services
- Hired Labor Equipment/ Car Rentals Bio-Medical/Engineering Equipment Contracts
- Building Contracts Engineering Spare Parts/ Services:
- A/C and Refrigeration Electrical Mechanical Electronics
- Others (Please Specify)

NOTE: Vendors who intend to do works, installation and commissioning, testing, inspections and treatment, consultations, trainings and others, etc. in the fields of 1) Fire Safety and/or 2) Electrical and Water require license and approval from Qatar Civil Defense Department and/or Qatar General Electricity and Water Corporation (KAHRAMAA) or from any other Government Ministry/ Authority.

Category G: General Items

Applicable Fee = Qrs. 500.00

- Uniforms Linen Housekeeping Equipment and Janitorial Items Computer Hardware and Software
- Catering Equipment and Food Items
- Office Products:** Office Equipment Office Furniture Audio Visual Equipment
- Office Supplies Photocopy Equipment/ Typewriters/ Fax Machines
- Stationeries and Printer Materials Books/ Journals and Periodicals
- Others (Please Specify)

13) Select the Status of the Company

- Sole Ownership Corporation Partnership Joint Venture

Country of Incorporation:

14) Financial Payment Details:

Authorized Capital:

Bank Name:

Address:

Branch Name:

Account No.

Account Name:

Overseas Bankers

Swift Code:

International Bank Account Number (IBAN):

NOTE: As per the ruling by Qatar Central Bank, the provision of the IBAN is now mandatory. Please ensure that this is provided to receive your payments on time.

15) Do you provide Online Ordering Capabilities?

- Yes No If yes, please specify:

16) Do you maintain Resident Engineer(s)/Bio-Engineer(s)?

In Qatar: Yes No **How many?**
Outside Qatar: Yes No **How many?**

17) Warehousing Details:

Do you have a Storage Warehousing Facility in Qatar? Yes No

What is the size of the facility:..... Square Meter(s)

Is your storage facility air-conditioned? Yes No

Number of Trucks, Minivans, etc. for delivery purpose:

1-

2-Not applicable

Other Methods:

18) Name of the Business

Manufacturer Distributor Importer Representative

List all manufacturers and/or companies your business represents along with the product category:

S/N.	Name of Manufacturer	Products	Country of Origin

List of subsidiaries/ branches of your company:

S/N.	Name of Subsidiary	Commercial Registration No.

For Overseas Vendors/ Suppliers: Please advise the following details of your local agent in Qatar (If applicable/ available).

Local Agent's Name:

Contact Person:

Telephone Number:

Mobile Number:

Fax:

Email:

Agency agreement validity period (please provide a copy if possible)

Date: From To

NOTE:

- It is not allowed that two different vendors share the same contact details (email, telephone, fax or post office box numbers). In addition to this, the manager or any other staff cannot be working in both companies at the same time even if the two companies are subsidiary or sister companies.
- Please attach any agency authorization, sole distributor or authorized distributor letter.

Please attach the following documentation before sending this application to HMC Supply Chain Management:

- **Commercial Business Registration Document. (Attested Original)** • مستخرج السجل التجاري غير منتهي (أصلي).
- NOTE: The commercial activity [specialty] needs to be included in the Commercial Registration (CR of the company).
- **Municipality License Document. (Attested Original)** • صورة طبق الأصل من رخصة البلدية غير منتهية.
- **Import/ Export License. (Attested Original)** • صورة من رخصة الإستيراد أو التصدير.
- **Copy of Qatari Identification Card of the Qatari Sponsor and all company Staff.** • صور للبطاقات الشخصية للمالك الشركة و لكل العاملين بالشركة
- **Computer Card (Copy)** • صورة قيد المنشأة غير منتهية.
- **Valid Tax Card (Copy)** • صورة للبطاقة الضريبية سارية المفعول.
- **A letter from your bank advising your account number, branch, etc.** • خطاب من البنك برقم الحساب، اسم الحساب، الفرع، ... إلخ.
- **If you answered 'Yes' about maintaining local engineering, and/or bio-engineering support please enclose the CVs and qualifications for all the qualified personnel.**
- **Details regarding the companies your business represents:**
 - I- A letter of agreement/ appointment by principal must be attached for each company of which you are the registered agent.
 - II- Product Catalogue for each company.
 - III- Attested copy from the Qatar Chamber of Commerce.
- **Registration Fee of Qatari Riyals 500/- (For each category)** • رسوم التسجيل ٥٠٠ ريال قطري على كل قسم تختاره.
- **Following page must be signed by the Qatari Sponsor with company stamp.** • يجب أن توقع صفحة التالية في طلب التسجيل من المالك القطري أو الشخص المخول بالتوقيع داخل قيد المنشأة و السجل التجاري مع ختم للشركة.
- **For some specific types of contracts/purchase orders you need to submit one or more of the following insurance policy/ agreement as a prerequisite/ requirement before executing and starting those contracts/purchase orders:**
 - i- Local Professional Indemnity Insurance
 - ii- Workmen Compensation Insurance Policy to safeguard against contractor's laborers' injuries at customer site.
 - iii- Third Party Compensation Insurance Policy to cover any construction/ building etc. damage which may have been caused by the contractor during his work at customer site.

NOTE: This registration will be valid from 2 years from the approval date.

Please read the above, sign, stamp and send with the attachments addressed to:

**HAMAD MEDICAL CORPORATION
SUPPLY CHAIN MANAGEMENT, PROCUREMENT SECTION
P.O. BOX: 3050, DOHA - STATE OF QATAR**

UNDERTAKING

We hereby certify that the above particulars are complete and correct, and we do accept HMC's right to verify all documentation and details which are given as part of this submission and to visit our company and warehouse premises.
Moreover, we have read and understood the stated terms, conditions and registration guidelines (reference no. WA/FG/DEC/16 dated 1.12.2016) and agree to be bound by them.

Name:**Title:****Date:** | D | D | / | M | M | / | Y | Y | Y | Y | **Time:** | 0 | 0 | : | 0 | 0 |**Signature:****Official Company's Stamp:****NOTE:**

1. All applicants will be informed of the status of their requests within 30 WORKING DAYS.
2. Visitor hours are: 7am to 3pm on Sundays, Tuesdays and Thursdays and 7am to 11am on Mondays and Wednesdays.
3. This form is also available online on Hamad Medical Corporation's website: <http://www.hamad.qa/vendors>
4. Incomplete or incorrect information might cause the submission to be disqualified.



VENDOR REGISTRATION FORM

FOR HMC OFFICIAL USE ONLY

1. Vendor Registration Completed	Yes	No
2. Information Validated	Yes	No
3. Vendor Credentialing Completed	Yes	No
4. Sole Source Vendor	Yes	<input type="checkbox"/> No
5. Open Tender Vendor:	Yes	<input type="checkbox"/> No
6. Total No. Of Pages At The Time Of Registration Submittal:	<input type="checkbox"/> Pages	
7. This Registration Request Is <input type="checkbox"/> Approved	For Categories:	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> E <input type="checkbox"/> G
8. Payable Fees: Qrs.		
9. Vendor's Code:	Effective Date:	Expiry Date:
10. <input type="checkbox"/> Rejected		
REASON(S):		
1.		
2.		
3.		
4.		
5.		
Signature's		
Checked By Name And Signature		
Date:	Time:	0 0 : 0 0
Reviewed By Name And Signature		
Date: D D / M M / Y Y Y Y	Time:	0 0 : 0 0
Approved By Name And Signature		
Date: D D / M M / Y Y Y Y	Time:	0 0 : 0 0
Assistant Executive Director, Supply Chain Management Name And Signature		
Date: D D / M M / Y Y Y Y	Time:	0 0 : 0 0