

VENDOR REGISTRATION FORM

IMPORTANT NOTE: This form needs to be filled up and to be submitted along with the ONLINE Vendor Registration Form in addition to the requirements indicated on Page No. 4 & 5. The form is available on HMC website www.hamad.qa/vendors under Online Vendor Registration – For new suppliers Tab.

- 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:	
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3) 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.
- It is mandatory for the applicants to submit a certified and audited soft copy of their approved budget for the last 3 years.

- 4) 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, M/S. Sidra Medical and Research Center, 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:

- Any individual, who is HMC staff, is not allowed to register his/her company at Hamad Medical Corporation therefore, you are kindly requested to cancel/ withdraw your request for registration if you are an HMC staff.
- Please confirm that you will not award/ interfere/ participate or influence any evaluation being made towards your quotations.

5) Do you provide Online Ordering Capabilities?

YES NO

If yes, please specify:

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

In Qatar: YES NO How many?

Outside Qatar: YES NO How many?

7) 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:

8) Disaster/ Crisis Plan:

We kindly request you to provide the following information, as it is required in case HMC might issue a long term contract (3 or 5 years or more) in favor of your company.

1- What is the period (timeline) needed for the vendor to supply essential items to HMC during disaster?

2- Do you have alternative way to ship the supplies? (Overseas or By Air) Is there an agreement? Is there a specific agreement or plan for Express shipment? – Cargo

3- Do you have a logistics plan and a backup plan during disaster?

4- Do you have a studied plan for Logistic and Storage stock of supply?

5- What is your policy and procedure for any kind of Product Recall?

9) Name of the Business:

Manufacturer Distributor Importer Representative Wholesaler

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:					
Phone No:		Mobile No.		Fax No.	
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 and fax numbers or Post Office Box Number). 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 letter, or a sole distributor, or an authorized distributor. (The same needs to be attached with every quotation being submitted to HMC)

For Local Suppliers ONLY: Please attach the following documentation to the online Vendor Registration Form before submitting the application online:

1. Commercial Business Registration Document. (Attested Original)

مستخرج السجل التجاري (أصلي).

- Company's Commercial Registration.
- Detailed Commercial Registration of the partner companies.
- Commercial Registrations to include not only the authorized signature but also the percentage of ownership (i.e. 49% vs. 51% showing the owner's name/s), please submit for both main company and related subsidiary branch.
- The commercial activity [specialty] needs to be included in the Commercial Registration of the company.

- مستخرج السجل التجاري للشركة
- تفاصيل عن شركاء الشركة في السجل التجاري
- ان يشتمل السجل التجاري للشركة على أسماء ملاك الشركة والجنسية و نسبة الملكية مثل 49% و 51% وليس فقط المخولون بالتوقيع و المدراء
- ان يحتوي السجل التجاري للشركة على النشاط التجاري (التخصص).

2. Municipality License Document.

الرخصة البلدية.

3. Trade License Document.

الرخصة التجارية.

4. Import/ Export License. (Issued from Customs)

رخصة الإستيراد أو التصدير تصدر من الجمارك.

5. Qatari Identification Card of the Qatari Sponsor and all company staff.

البطاقات الشخصية لمالك الشركة و لكل العاملين بالشركة

6. Computer Card/ Establishment Card.

قيد المنشأة.

7. Tax Card issued from the General Tax Authority.

البطاقة الضريبية تصدر من موقع ضريبة (الهيئة العامة للضرائب).

8. Copy of Classification Certificate from the Ministry of Finance.

شهادة تصنيف من وزارة المالية.

9. License Permit (from the Ministry of Public Health) for the Medical Entity/ Centre and its workers' License Permit (for the applicable cases/ vendors only).

ترخيص المنشأة الطبية و رخص العاملين بها و الصادر من وزارة الصحة العامة (للموردين الذين ينطبق عليهم فقط).

10. **Company Establishment issued from the Ministry of Justice (for Engineering and Legal Consultancy Firms).**
نسخة مصدقة من تأسيس الشركة التي تصدرها وزارة العدل (لشركات الاستشارات الهندسية و القانونية).
11. **A letter from your bank advising your account number, branch, etc. The date of issue shall not be more than three months.**
خطاب من البنك برقم الحساب، إسم الحساب، الفرع، إلخ ... على ألا يكون تاريخ إصداره لا تزيد عن ثلاثة أشهر.
12. **Soft copy of Approved Budget for the last 3 years (certified and audited).**
نسخة إلكترونية من ميزانية الشركة / القوائم المالية المعتمدة و التي تم التدقيق عليها لآخر ثلاث سنوات.
13. **If you answered "Yes" about maintaining local engineering, and/or bio-engineering support, please enclose the CVs and qualifications for all the qualified personnel.**
14. **Details regarding the companies your business represents:**
- I- **A letter of agreement/ appointment by the principal must be attached for each company of which you are the registered agent.**
خطاب رسمي موجه للمدير التنفيذي لإدارة الإمداد و التجهيز بمؤسسة حمد الطبية و ذلك لطلب تسجيل الشركة.
- II- **Product Catalogue for each company.**
كتالوج أو بروشور يوضح أعمال الشركة.
- III- **Attested copy from the Qatar Chamber of Commerce.**
شهادة عضوية في الغرفة التجارية القطرية.
- IV- **Notarized copy of the company profile (for overseas suppliers).**
15. **For some specific types of contracts/purchase orders you need to submit one or more of the following insurance policy/agreement as a pre-requisite/ requirement before executing and starting those contracts/purchase orders:**
- لبعض الأنواع المحددة من العقود و طلبات الشراء، عليك تقديم واحد أو أكثر لإتباع سياسة التأمين و الإتفاقيات حسب الشروط المسبق عقدها و الطلبات ماقبل التنفيذ و البدء بهذه العقود و طلبات الشراء:
- i- **Local Professional Indemnity Insurance**
ضمان تعويض محلي محترف.
- ii- **Workmen Compensation Insurance Policy to safeguard against contractor's laborers' injuries at customer site.**
سياسة تأمين تعويضات العمال لتجنب الإصابات في صفوف عمال المقاول في موقع البناء.
- 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.**
سياسة تأمين تعويضات طرف ثالث لتغطية أي ضرر للإنشاءات و الأبنية إلخ... التي يمكن أن يتسبب بها المقاول أثناء عمله في ورشة البناء للعميل.
16. **Copy of License for Medical Healthcare Institution issued by the Ministry of Public Health. (for both Local & Overseas Pharmaceutical Companies)**
رخصة منشأة صحية تصدر من وزارة الصحة العامة/ قطر.
17. **Copy of Registration Certificate of Importer issued by the Ministry of Public Health: for the category you are dealing with, mainly for Medicines, Medical Equipments, Herbal Medicines, Cosmetics, Dietary Items, Therapeutic Foods, etc. (For both Local & Overseas Companies)**
شهادة تسجيل مستورد.

18. Whenever applicable/ available, vendors are required to submit:

a) Copy of Food and Drug Administration (FDA) Export Certificate from Foreign Government (for Overseas Suppliers)

OR

b) Copy of Good Distribution Practices 'GDP' Certificate. (For all categories e.g. Medical, General, Engineering, Pharmaceutical, etc.)

OR

c) Copy of ISO/ CE (European Conformity) Mark Certification.

OR

d) Copy of TGA (Therapeutic Goods Administration) Certification.

For Overseas Suppliers ONLY: Please attach the following documentation to the online Vendor Registration Form before submitting the application online:

- I. Certificate of Origin.
- II. Incorporation Certificate.
- III. Business Registration.
- IV. Company Profile.
- V. Notarized copy of the company profile.