



HAYA WATER
CORPORATE MANAGEMENT SYSTEM
VENDOR REGISTRATION FORM

FOM-FIN-002
Revision: 02

ORGANISATIONAL INFORMATION (PART – A)

All columns should be properly filled in the space provided for. Wherever it is not applicable please write "not applicable". Incomplete or incorrect forms may not be considered.

1. GENERAL INFORMATION

Vendor Name:

Registration applied for the supply of: Goods and/or Services

Item Category: Chemicals Civil Consultants Electrical EPC Contractors for STP EPC Contractors for Network General

Information Technology Instrumentation Mechanical Operations Telecommunications Others (In case of Others, PI specify)

Item Name:

S.No	Item Name	Description	Size/ Range/ Capacity	Make/Model	Manufacturing Standard ASTM/BS/DIN/IS/Others	Remarks (If Any)

(PI attach separate sheet if space provided is insufficient)

2 HEAD OFFICE ADDRESS:

Contact Person Name / Title

Telephone

Fax

Mobile

Email

Website

2.1 FACTORY ADDRESS:

Contact Person Name / Title

Telephone

Fax

Mobile

Email

Website

2.2 BRANCH OFFICE ADDRESS Oman GCC International **(OR) AUTHORIZED LOCAL REPRESENTATIVE** Agent Dealer Distributor Partner

Contact Person Name / Title

Telephone

Fax

Mobile

Email

Website

2.3 NAME OF THE CHAIRMAN DIRECTOR CHIEF EXECUTIVE PROPRIETOR PARTNER OWNER

Telephone

Fax

Mobile

Email

2.4 OFFICIAL TO BE CONTACTED FOR CLARIFICATION Head Office Factory Branch Office Authorized Local Representative

Contact Person Name / Title

Telephone

Fax

Mobile

Email

3. OWNERSHIP INFORMATION DOCUMENTS FURNISHED? Yes No

3.1 COMPANY TYPE Small and Medium Enterprise Public Private Partnership Proprietorship LLC SAOC SAOG Joint Venture
 Others (In case of Others, PI specify)



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4.10 BANK DETAILS (Important – Please fill all details)

Payment Terms (Preferred)	
Trading Currency	
Bank Name	
Branch Name	
Bank Address	
Bank Telephone	
Bank Fax	
Bank Email	
Bank website	
Account Name	
Account Number	
Account's Person Name	
Account's Person Title	
IBAN Number	
Bank Swift Code	
Sort Code	
ABA Routing Number	
BLS	

5. LIST OF DOCUMENTS TO BE SUBMITTED Pl ensure you tick [v] against documents submitted

<input type="checkbox"/>	Valid copy of Registration Certificate issued by Oman Government Tender Board
<input type="checkbox"/>	Valid copy of Commercial Registration Certificate issued by Oman Ministry of Commerce and Industry
<input type="checkbox"/>	Valid copy of Registration Certificate issued by Oman Chamber of Commerce and Industry
<input type="checkbox"/>	Valid copy of Commercial Registration Information from Oman Ministry of Commerce and Industry having commercial registration, Ownership/Partnership information/Authorized Managers, Signatories with ID Numbers, Nationality, and Percentage shares etc.
<input type="checkbox"/>	Valid copy of Permission/License issued by Oman Ministry of Commerce and Industry
<input type="checkbox"/>	Valid Copy of Manufacturer Permit issued by Oman Ministry of Commerce and Industry if local company is a manufacturer
<input type="checkbox"/>	Valid copy of agency certificate issued by Oman Ministry of Commerce and Industry (For local companies representing foreign companies)
<input type="checkbox"/>	Valid copy of advocacy certificate from Oman Ministry of Justice (Required for Law Firm/Legal Consultant)
<input type="checkbox"/>	Authenticated certificate of incorporation from the country of origin.
<input type="checkbox"/>	Principal's authorization letter (For Agents, Dealers, Distributors, Stockist's and Traders)
<input type="checkbox"/>	Copy of Partnership deed (For partnership firm)
<input type="checkbox"/>	Rent/lease deed with rent receipt (Incase office/factory premises are rented/leased)
<input type="checkbox"/>	Balance sheet with audit report for the last four years should be submitted.
<input type="checkbox"/>	Bank details in the company's letter head.
<input type="checkbox"/>	Statutory, Local laws/regulatory documents.
<input type="checkbox"/>	Goods and/or Services list.
<input type="checkbox"/>	Factory layout chart.
<input type="checkbox"/>	Organization chart showing hierarchy levels, number of employees in the corporate, site management etc with their CV's showing qualification, total work experience etc
<input type="checkbox"/>	Manufacturing Facilities (Production facilities, Tool room facilities, R&D facilities, Special processes facilities etc)
<input type="checkbox"/>	Measuring, Testing & Inspection Facilities
<input type="checkbox"/>	List of major customers, suppliers, sub-contractor(s), principal(s), agent(s), dealer(s), distributor(s), stockist(s), trader(s) etc
<input type="checkbox"/>	Work experience details showing past and present job/work/service(s) with value, duration, start date, completion date, whether job/work completed on time and within budget, whether as main vendor(or)sub vendor etc. (At least 3 contactable references of previous/current job/work is required)



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- Previous job/work completion certificate(s)
- Proven track record showing successful execution of at least five purchase orders with contactable references.
- Consultancy firm's should submit consultant(s)CV's showing education, work experience(s),award, achievements, papers published/presented, patents granted in the past years. (At least for five years period is required)
- Any ongoing (or) outgoing dispute (or) claim in a civil or criminal court, parties involved, date of dispute filed, name of companies involved, current legal status of dispute and the date of that status (If any)

Note: Work experience shall be submitted in the below format for last 5 years period ending on the date of submission of application.

Year	Full postal address of Client and Officer in charge	Brief description of Work & Quantities	Work Order No & Date	Value of Job/Work/Contract in Omani Riyals	Time Schedule (In Months)	Contractual Date of Completion	Actual Date of Completion	Present Status (of on-going job)	Documents attached in support of columns from a to i
	a	b	c	d	e	f	g	h	i
1									
2									
3									
4									
5									

6. ORGANIZATION STRENGTH

Discipline	No of Employees
HR & Administration	
Design and/or Engineering	
Finance	
Manufacturing	
Quality	
Operations	
Sales	
Training	
Consultants	
Contract staff	
Diploma Trainees	
Graduate Trainees	
Resident Managers/Engineers	
Site Engineers(Erection & Commissioning)	
Site Engineers(Quality)	
Site Safety coordinators	
Site Supervisors	
Skilled Workmen	
Drivers	
Others	
Total	



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6.1 STANDBY ARRANGEMENT FOR POWER (Details to be furnished)

6.2 IS THE COMPANY ALREADY IN BUSINESS WITH ANY OTHER WATER TREATMENT PLANT IN OMAN / GCC REGIONAL / FOREIGN Yes No

If yes, Pl furnish

Name of the Plant

Address

Item supplied / Service Provided

6.3 WORKING DAYS Head Office: From To Factory: From To Branch Off: From To

6.4 ANY FAMILY MEMBER OR RELATIVE WORKING IN HAYA WATER? Yes No If yes, Pl furnish

Name	Staff No	Designation
Department	Relationship	

6.5 IF ANY EX-HAYA WATER STAFF IS EMPLOYED IN THE COMPANY, MENTION HIS/HER DETAILS OF LAST POSTING? Yes No

If yes, Pl furnish

Name	Staff No	Designation
Department	Date of leaving service	

7. LIST OF MANUFACTURING FACILITIES (Including Material Handling Facility)

TOOLS & PLANT, MACHINERY OWNED BY THE COMPANY

S.No	Description of Tools & Plant, Machinery	Make	Capacity	Year of installation	Quantity	Accuracy & Finish	Remarks

1. Please Indicate all important T&Ps, Machinery owned by the company
2. Please use additional sheets if required

8. LIST OF MEASURING FACILITIES, TESTING EQUIPMENT AND INSPECTION FACILITIES

INSPECTION, MEASURING AND TESTING EQUIPMENTS OWNED BY COMPANY

S.No	Description of Tools & Plant, Machinery	Make	Capacity	Year of Make	Quantity	Next Calibration Due	Remarks

1. Please Indicate all important T&Ps, Machinery owned by the company
2. Please use additional sheets if required.



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9. CERTIFICATIONS, APPROVALS & AWARDS PI ensure you tick [v] against documents submitted

1. ISO 9001-2008 certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. ISO 14001-2004 certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. OHSAS 18001-2007 certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. ISO 22000 certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. HSE Management Systems in place with the company showing HSE Policy, Manual and Procedure, HSE Audits & Inspection reports, HSE Trainings conducted (If any), HSE records for last 5 years, Emergency response procedure, Hazard identification and management, Monitoring methodology of sub vendor/contractor HSE management system, Accident Reporting and investigation system, HSE performance data management, Details of Hazardous Chemicals, Items being used (If any)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Quality Management System in place with the company showing Quality Policy, Manual and Procedure, Calibration procedures, Inspection facilities, Testing facilities, Quality control lab facilities, Inspection plan and Quality Assurance plan etc	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Food Safety Management System in place with the company showing documented Food Safety Management program / Manual/Policies & procedures to address Food Safety & Hygiene management requirements/ the programs are renewed/There is written procedures on Pre-requisites GMP, SSOP & HACCP programs/Documentation in the premises are available (Applicable for Canteen Contractors)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.Regulatory compliance certificate and/or Approvals obtained from regulatory bodies (If any)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Valid type test certificates like IP, ATEX, CCOE, NACE, 3.1 Certificate, Dual Material certificate, and any other certificate for the item sought for registration.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Job/Work satisfactory report with any public sector company for similar job/works.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Vendor ratings & feedback report from all other customers proving the product quality and/or the service performance report	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Self certification status/approval given by any other customer for any product/Service (If any)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Award/Certificates received from other customers showing the product performances/service performances	<input type="checkbox"/> Yes	<input type="checkbox"/> No

10. OTHER PARTICULARS

1. Does your company provide after sales/service support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does your company have the system of reviewing tender documents with reference to customer requirement both Technically & from delivery point of view and in case of any deviation in technical specifications and delivery conditions, the deviation are identified and clearly spelt out in offer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does your company have the system of submission of documents;		
a. Invoice	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Packing list	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Test certificates	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Inspection Data	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Does your company have the system of generating vendor rating where quality, delivery and response to RFQ are considered as the criteria	<input type="checkbox"/> Yes	<input type="checkbox"/> No

11. DECLARATION

I/ We give the undertaking that,

1. Our registration may get cancelled for any in corrective information
2. Haya drawings and specifications will not be used in anyway causing harm to the interest of Haya Water and/or supply of any material, product or services directly.
3. All materials, components and assemblies including packing materials supplied by us will be free from asbestos and ceramic fiber.

(Authorized Signatory with stamp)



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QUALITY COMPETENCE (PART – B)

S. No	Parameter	System in effect		Records Please tick [v] if available and submit evidences	Remarks
		Written Procedure Please tick [v] if available and submit evidences	Practice		
1	Incoming Material Control System	<input type="checkbox"/> Yes <input type="checkbox"/> No			Furnish a copy of system and organization
2	In Process Control	<input type="checkbox"/> Yes <input type="checkbox"/> No			Furnish at least one work instruction & record of process control parameter
3	Manufacturing / Testing Procedure Qualification	<input type="checkbox"/> Yes <input type="checkbox"/> No			PQS(Procedure Qualification Specification) to be submitted
4	Personnel Qualification	<input type="checkbox"/> Yes <input type="checkbox"/> No			Record of Personnel Qualification to be submitted
5	Calibration System	<input type="checkbox"/> Yes <input type="checkbox"/> No			Submit list of instrument & their calibration status
6	System of identification & Traceability of materials, tools, jigs, fixtures & processed components, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No			Copy of procedure to be submitted
7	System of storage, Preservation, Painting & Packing	<input type="checkbox"/> Yes <input type="checkbox"/> No			Copy of procedure to be submitted
8	System of NCR disposition & corrective preventive action	<input type="checkbox"/> Yes <input type="checkbox"/> No			Two copies of NCR & CAPA
9	Customer complaints handling system	<input type="checkbox"/> Yes <input type="checkbox"/> No			Submit list of customer complaints & status for the last three years
10	Safety measures	<input type="checkbox"/> Yes <input type="checkbox"/> No			Submit copy of safety system & Record of accidents for last three years
11	Any other quality initiative	<input type="checkbox"/> Yes <input type="checkbox"/> No			

List of Enclosures

- Copy of system of control for incoming materials and organization chart
- Copy of at least one process control work instruction
- Record of process control parameter
- Copy of at least one Procedure Qualification Specification
- Record of Personnel Qualification
- List of instrument and their calibration status
- Copy of procedure for identification, traceability of materials, tools, jigs, fixtures & processed components, etc
- Copy of procedure for storage/preservation/painting & packing
- Copies of two NCRs and their CAPA
- List of customer complaints & status for the last three years
- Copy of safety system
- Record of accident for last three years

(Authorized Signatory with stamp)

VENDOR REGISTRATION FORM

TECHNICAL COMPETENCE (PART – C)

S. No	Parameter	Records Please tick [v] if available and submit evidences	Remarks
1	Manufacturing Plant and Machinery	<input type="checkbox"/> Yes <input type="checkbox"/> No	Submit evidence showing 1. Adequate manufacturing facilities such as machineries, equipments etc are available to carry out the job according to customer drawings and specifications.
		<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Submit details of outsourced facilities
2	Manpower Resources	<input type="checkbox"/> Yes <input type="checkbox"/> No	Submit evidence showing 1. Personnel assigned manufacturing responsibilities are adequate in number and have requisite qualifications/experience and expertise for understanding the product specification/Technical data sheet are available to carry out the job (Include main contractors/subcontractors list also)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Personnel assigned quality control responsibilities are adequate in number and have requisite expertise to carry out the job and authority for the product.
		<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Submit details of outsourced resources also
3	Manufacturing Process	<input type="checkbox"/> Yes <input type="checkbox"/> No	Submit evidence showing 1. Company has availability of all manufacturing operations and process in-house. (These include all process/operations required to be performed on the raw materials, for conformity of end product to required applications including packing, marking, handling and storage/delivery)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	2. The available process capability is adequate and compatible with the product specific requirements
4	Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Submit evidences whether 1. Essential test equipment for all quality control and measurements are available in-house
		<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Firm has In-house lab facilities
		<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Submit details of outsourced facilities
5	In-house Quality Control	<input type="checkbox"/> Yes <input type="checkbox"/> No	Submit evidences whether 1. Adequate quality plan to meet the technical specifications and product related requirements at all stages during the manufacturing process is available
		<input type="checkbox"/> Yes <input type="checkbox"/> No	2. In-process inspection and testing is automatically carried out as per the quality plan and data is recorded.
		<input type="checkbox"/> Yes <input type="checkbox"/> No	3. In-house controls as per quality plan is adequate to ensure product performance
		<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Performance of machines, instruments, jigs, fixtures, gauges and operations is monitored during the manufacturing process.
6	Adequacy of Infrastructure Facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Submit evidences showing 1. Adequate space is available for manufacturing facilities including covered and open space, stores, maintenance set-up for in-house plant/machinery and test equipment, inspection facilities are available
		<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Adequacy of standby power arrangement is available
		<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Adequate water arrangement is available
		<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Lighting and Ventilation
		<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Hygiene and Sanitation of the firm and surrounding area
		<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Fire fighting arrangements
		<input type="checkbox"/> Yes <input type="checkbox"/> No	7. First aid and Medical arrangements
		<input type="checkbox"/> Yes <input type="checkbox"/> No	8. ECO-friendly waste disposal (or) details of existing method

(Authorized Signatory with stamp)