 <p>P.O.Box 10270, Jubail Industrial City 31961 Kingdom of Saudi Arabia Phone: +966-13-343-7700 Fax: +966-3-341 2044 Email: purchasing@aytb.com, www.aytb.com</p>	Reference Number:	FM/PC/005	Revision Number	03
	Document Title:	SUPPLIER EVALUATION QUESTIONNAIRE		

COMPANY FULL NAME:							
STREET ADDRESS:							
P.O.BOX:		CITY:		ZIP CODE:		COUNTRY:	
PHONE:		FAX:		E-MAIL:			
BRANCHES (LOCALLY & OVERSEAS):							

INTRODUCTION

The attached questionnaire will be used by AYTb Quality Assurance personnel to evaluate your Quality Assurance capabilities. Submittal of this questionnaire by itself, does not constitute an approval of your company as an approved source. AYTb may, after receipt of the completed questionnaire, conduct an on-site survey of your facility. Since Quality Assurance approval is necessary before a procurement award can be made, it is to your benefit to return this form as soon as possible.

INSTRUCTIONS:

1. If you have an ISO or any recognized Quality Standard certification, it is not necessary to complete the remainder of this form. Please send a copy of the registration certificate along with the completed first and second pages of this survey.
2. All questions should be answered. Enter an "X" in appropriate boxes on YES-NO-N/A (Not Applicable) questions.
3. If supplemental data is submitted, check with an asterisk (*) and identify the attachments by the applicable paragraph number. A supplemental data sheet is attached for your convenience.
4. Answers should reflect your current status. Do not reflect procedures or capabilities which are anticipated or proposed.
5. Questionnaire should be returned within ten (10) days.
6. Completed questionnaire should be directed to the Purchasing Department - AYTb Co.
7. Periodical performance evaluation of the supplier will be performed based on quality of the supplied products and/or service and adherence to their commitment to delivery.


The information contained in this questionnaire is certified to be complete and accurate.

Authorized Official:

NAME:	
TITLE:	
SIGNATURE:	

Please affix your company stamp in the above space

Section I – Organization

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1. Key Personnel:

President/Owner(s)/Partner(s):	
General Manager – Sales Dept.:	
Quality Assurance Manager:	

2. Contact persons:

Name	Position	Phone No	Mobile No.	Email Address

3. Company Particulars:

a) How long has company been in business as presently organized?				
b) What is your principal product (s) and/or services?				
c) Is the company an agent/sole distributor / representative for specific product(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, provide the names of the manufacturer:	
d) Commercial Registration No.				
e) VAT Registration No.				
f) Is your company ISO certified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(If Yes, list the standards and attach copies of the certificates)	
	ISO Certification	Certificate Due Date	Certified By:	
g) Is your company approved by Aramco?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Vendor #	
h) Is your company approved by Sabic?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Vendor #	

4. Mandatory Documents Required for Approval (Please provide a copy of all below listed documents)


	Item	Copy Attached	
a)	Company Profile	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b)	Commercial Registration Certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c)	Chamber of Commerce Certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d)	Zakat Certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e)	GOSI (Insurance) certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f)	Saudization Certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>
g)	VAT Registration certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>
h)	ISO certification	Yes <input type="checkbox"/>	No <input type="checkbox"/>
i)	HSE Performance & Statistics	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Documents are verified and SOW Recommended By: (*AYTB Procurement Department Representative*)

Name	Sign	Date	SOW

5. Financial Information: Name and address of bank(s)

Sl. #	Bank Name and Details
1	BANK NAME :
2	ACCOUNT NO:
3	IBAN NO :

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[This page is for AYTB Corporate QA and Purchasing Department Internal Use Only]

Section II – AYTB Corporate Quality Assurance Review

1. General Company Information and Organization

Approved: Yes No

Comments:

2. Quality Assurance System

Approved: Yes No

Comments:

3. AYTB Corporate QA recommendation

Approved Supplier

Secondary Supplier

Unsatisfactory Supplier

Approval Criteria

Comments:

Note: Approval provided for the supplier only and not for any materials, equipment's and/or services.

Reviewed by AYTB Corp. Quality Assurance

Name	Title	Signature	Date

Note: Please return to Purchasing Department after QA review.

Section V – AYTB Purchasing Dept.

Assigned Supplier No.	
Industry Name	