



Qatar Primary Materials Company  
شركة قطر للمواد الأولية

Form No.: QPMC-PRC-FRM-01  
Rev. 01 Date: 01/03/2021

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## VENDOR PRE-QUALIFICATION FORM

- REQUEST TO UPDATE COMPANY DATA  
 REGISTRATION FORM FOR A NEW COMPANY

### 1. COMPANY INFORMATION

SAP ID NUMBER (to be filled by QPMC) : \_\_\_\_\_

1.1 Name of the Company: \_\_\_\_\_

1.2 Address: \_\_\_\_\_

1.3 E-Mail Address: \_\_\_\_\_

1.4 Telephone No.: \_\_\_\_\_

1.5 Fax No.: \_\_\_\_\_

1.6 Company Registration Number: \_\_\_\_\_

1.7 Trade License Number: \_\_\_\_\_

1.8 Company Established Date: \_\_\_\_\_

1.9 Company Website: Attached  Not Applicable

1.10 Company Profile: Attached  Not Applicable

1.11 Product/Service Catalogue Attached  Not Applicable

1.12 Scope of Business:  
(Tick one or more from below category and insert subcategories)

- Electrical & Instrumentation Subcategory: \_\_\_\_\_
- Mechanical Subcategory: \_\_\_\_\_
- Piping & fittings Subcategory: \_\_\_\_\_
- MRO (Maintenance, Repair & Operations) Subcategory: \_\_\_\_\_
- Structural Subcategory: \_\_\_\_\_
- Tools Subcategory: \_\_\_\_\_
- Consumables Subcategory: \_\_\_\_\_
- Services Subcategory: \_\_\_\_\_
- Facility Management Subcategory: \_\_\_\_\_
- IT Services & Supply Subcategory: \_\_\_\_\_
- Paints & Chemicals Subcategory: \_\_\_\_\_
- Gasses Subcategory: \_\_\_\_\_
- Food & Beverage Subcategory: \_\_\_\_\_
- HSE Subcategory: \_\_\_\_\_
- Manpower/Resources Subcategory: \_\_\_\_\_
- Others Subcategory: \_\_\_\_\_

1.13 Name of Parent Company / Sponsor:  
(Attach letter from Parent Company) \_\_\_\_\_

1.14 Are you a Sole Agent / Distributor of any brand?  
If yes, please list the names of brands and provide the copy of  
Authorization Letter from the Main/Mother Company \_\_\_\_\_

1.15 Provide a list of Clients for last 3 years \_\_\_\_\_

1.16 Name of Owner (s), Director (s) or Partner (s), Manager (s) / Sales Representative / Others:

a) Name: \_\_\_\_\_  
Designation: \_\_\_\_\_  
Nationality: \_\_\_\_\_  
Mail ID: \_\_\_\_\_

b) Name: \_\_\_\_\_  
Designation: \_\_\_\_\_  
Nationality: \_\_\_\_\_  
Mail ID: \_\_\_\_\_

c) Name: \_\_\_\_\_  
Designation: \_\_\_\_\_  
Nationality: \_\_\_\_\_  
Mail ID: \_\_\_\_\_

c) Name: \_\_\_\_\_  
Designation: \_\_\_\_\_  
Nationality: \_\_\_\_\_  
Mail ID: \_\_\_\_\_

1.17 Payment Terms: (From the date QPMC Finance received the Invoice)

45 day

60 days

Please state \_\_\_\_\_

1.18 Delivery Terms (INCOTerms 2010)  
(QPMC preferred delivery terms - DDP to QPMC Site for local suppliers and CIF to DOHA Port/Airport for overseas suppliers)

\_\_\_\_\_

1.19 Provide email address to send RFQ

\_\_\_\_\_

## 2. FINANCIAL INFORMATION

2.1 Preferred Mode of Payment \_\_\_\_\_

2.2 Please attach a Clear Copy of below documents:

- 1) Company Registration
- 2) Computer Card
- 3) Owner's ID
- 4) Trade License
- 5) Tax Card

2.3 Optional Requirement:

- 1) Letter from your Bank (in a Bank Letterhead) with full Bank Account Details, stamped & signed by authorized signatory in your Company
- 2) Bank Statement (in a Bank Letterhead) for last three months signed and stamped by the Bank
- 3) Audited Financial Statement for last three (3) years

## 3. QUALITY SYSTEMS AND ASSURANCE & HSSE

3.1 Is your company ISO 9001 Accredited?  
(If "Yes", State accreditation body and provide copy of certificate)

Yes  No

3.2 Is Company registered / Accredited with Any other recognized Quality Assurance/Quality Control Organization  
(If "Yes", State accreditation body and provide copy of certificate)

Yes  No

3.3 Name of Person Responsible for Quality Management

\_\_\_\_\_

3.4 Other available Certificates

\_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Company Stamp: \_\_\_\_\_ Date: \_\_\_\_\_

### Contact Details

Mail ID: [vendor.registration@qpmc.qa](mailto:vendor.registration@qpmc.qa)  
Phone No: +(974) 4401-6421