



SUPPLIER / SUB CONTRACTORS ASSESSMENT FORM

1 GENERAL

1.1	Company Name:			
1.2	Address:			
1.3	E-Mail Address:			
1.4	Phone :		1.5 Fax:	
1.6	Business activity:	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Trading	<input type="checkbox"/> Service
	Main scope of company bussiness:			
1.7	Name of General manager:			
1.8	Name and position of contact person:			
1.9	Trade License Number:			
1.10	Company Registration number if outside UAE (attach copy of company registration document)			
1.11	Number of years trading in current buisness:		Years	
1.12	Name of parent company:			
1.13	Sponcer:			
1.14	Company Bankers:			
1.15	Type of limited liability company:	Joint venture (state %)	<input type="checkbox"/>	%
		Partnership (state%)	<input type="checkbox"/>	%
		Private individual	<input type="checkbox"/>	%
1.16	Number of Employees:	Managerial		
		Technical/Admin		
		Production		
1.17	Major Customers in Oil & Gas Sectors	1		
		2		
		3		
		4		
1.18	Attach Product Catalog (If Available)			

2 FINANCIAL STATUS

2.1	Gross turnover in previous 3 years:	Year 1 (most recent)	
		Year 2	
		Year 3	
2.2	Credit Period :		
2.3	Has any legal action or Court judgement been imposed on the company in the past 5 years?(if "yes", provide details)	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
2.4	Any Other Information ?		



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3 COMPANY EXPERIENCE

- 3.1** Has company provide the materials/service on offer for at least last 5 years?
if "no", state how long: Years Details as required
Yes No
- 3.2** Has company had project suspended/terminated in the last 5 years?
if "yes", provide details Yes No
- 3.3** Does company own the plant and equipment required to supply the materials
/services offered?
(if "yes", attach schedule of same)
- 3.4** Are any of the processes required to produce the finished products sub-
contracted by the company to other organisations?
if "yes", provide details Yes No
- 3.5** Does Company have a design capability? Yes No
- 3.6** Is the design capability covered by Professional Indemnity insurance?
If so, what is the maximum PI cover in place? Yes No
- 3.7** Has company supplied materials to Trans Asia or an associated group
company before?
If "yes", provide details: Yes No

4 QUALITY CONTROL

- 4.1** Does Company have formal Quality Management System? Details as required
Yes No
- 4.2** To which standard(e.g. ISO 9001,29001)
- 4.3** Is company registered/accredited with recognised QA/QC organisation?
If "Yes", state accreditation body and provide copy of certificates Yes No
- 4.4** Name of person responsible for Quality management
- 4.5** To whom is the person responsible?



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5 HEALTH,SAFETY AND ENVIRONMENT

Details as required

- 5.1 Does Company have Health,Safety and Enviromental Policy(if" yes" provide copy) Yes No
- 5.2 Does Company have Health,safety and Environmental manual and procedures? if "yes" provide copy of manual Yes No
- 5.3 Name of person responsible for Health,Safety and Environmental management: _____
- 5.4 To whom is the person responsible? _____
- 5.5 To which standard(e.g. ISO 14001,OHSAS 18001) _____

6 COMPANY DECLARATION

"We Confirm the particulars given in this form are factual and correct and have been provided by an authorised employee of the company. The Quality-related issues may be verified by TRANS Asia QHSE Manager or delegate.

Vendor/Sub-Contractor Representative: _____
 Title: _____
 Date: _____

Return to: TRANS ASIA PIPELINE SERVICES

Mailing Address: PO Box 42181 , Sharjah, UAE.

7 SUMMARY ASSESSMENT (COMPLETED BY Trans Asia Pipeline Services)

Reason for survey: _____

New Supply/Subcontract Re-assessment

New plant/Equipment Poor quality record

Mode of Selection _____

Include on Trans Asia "Approved vendor register? Yes No

Comments:

Name:	
Facility:	QHSE DEP
Signature :	
Date:	

Name:	
Facility:	PURCHASE HEAD
Signature :	
Date:	