

INSTRUCTION OF NEW SUPPLIER ON-LINE REGISTRATION

1. New Registrations:

This link On-line portal is only for **NEW REGISTRATIONS!**

The registration contains the following 6 sections represented by individual tabs, containing fields which are all required to be mandatorily filled & appropriate documentations wherever applicable to be attached:

1. **Registration**
2. **Business Details**
3. **Banking Reference**
4. **Experience Summary**
5. **Quality Assurance**
6. **Products/Services details & Final Submission**

For proper evaluation of the Registration application, Contractor shall not leave any fields un-filled. Contractors uploading attachments in lieu of any information must mention "as per file attached" and must not leave the fields blanks

2. Already Registered Suppliers:

This above link is for **NEW REGISTRATIONS!** Only and there is no **UPDATE** functionality should you wish to **MODIFY** your profile at a later date. However, once the registration is complete and submitted, no further changes shall be possible and the data registered shall be permanently saved by the system. If you wish to update or modify your profile or documents, please send the written updation/modification request by e-mail to purchase@qafco.com.qa. Do **NOT** use the **NEW PROFILE** form to submit an update to an existing profile & Certificates.

WARNING:

Duplicate registration forms and certificate updates will be **REJECTED** and will not processed.

If you're not sure whether you or your company is already registered, please send an email to purchase@qafco.com.qa to verify.

3. Submit Button:

The **SUBMIT button** is really a **Final Save button**. You **cannot** save the form like a draft and return to it later. All the fields in all the 7 tabs are required to be filled in one go with attachments.

4. System Requirements:

Your are advised to preferably use the **Internet Explorer (IE-9) browser** to register. **Other browsers** (viz., **Mozilla Firefox, Safari, AOL, Google Chrome**, etc.) **MAY HAVE FUNCTIONALITY PROBLEMS** with the registration page and may **NOT** allow you to submit the form back.

5. Middle East Contact:

Suppliers located in Middle East need not fill the details pertaining to “Middle East Contact” under “Location & Contact”. Fill the Middle East contact form with “NA”

6. Information & Document requirements:

You must have available all of the following information and documentation, applicable to respective business entity & offered scope, to complete the registration process. Only requested attachments shall be up-loaded. The file names of the attachments should be appropriate for easy identification. For e.g. the file name of the “Financial Statement” attachment must include the words Financial Statement.

1. Business Entity details, Organization Chart, details of key personnel etc.,
2. Work Process, Flow Charts etc.,
3. Financial details like Bank details, Financial Statements (Balance Sheets, Profit & Loss statement etc.,) Insurance cover etc.,
4. Products/Services offered, manufacturing /service range, product /service details, Brands offered, Middle East/ Gulf agent /distributor, representative details etc.,
5. Experience list, major projects / supplies made, customers references etc.,
6. Manufacturing capabilities, Machinery/Equipment, Sub-contractor details Logistical capabilities etc.,
7. Quality, Environmental and Safety compliance details & certificates.

7. ATTACHMENT

You may send an attachment on the available field which document type Word, Excel, pdf and maximum size is 4 MB only.

Should you have catalogue or any other documents which size is more than 4MB, please send it separately by email to purchase@qafco.com.qa

8. SESSION EXPIRY PERIOD

This web page session will expire in 30 minutes, if it remains inactive. Therefore, please ensure you have prepared all required data before starting registration process.

Registration Step

1. User Id & Password

This web page session will expire in 30 minutes. If it remain's inactive
For Detailed information and guidance to fill the registration form, please click here

Company Name	<input type="text"/>	
User Name	<input type="text"/>	(E-mail address of your Sales Division)
Password	<input type="text"/>	
<input type="button" value="Proceed"/>		

Note:

- "User Name" field should be filling by our VALID email address of your sales division.
- Click "proceed" to go to the registration form.

2. Company Information

Registration	Business Details	Banking Reference	Products & Services	Experience Summary	Quality Assurance
Company Name <input type="text" value="METALS (SAMPLE)"/>					
Registration					
User Name <input type="text" value="sample_metal@hotmail.com"/> (E-mail address of your Sales Division)					
Password <input type="text" value="....."/>					
Location & Contact					
Street Address <input type="text" value="K A STREET"/>		Sales Contact <input type="text" value="KUMAR"/>			
Zip Code <input type="text" value="400000"/>		Title <input type="text" value="SALES"/>			
P.O.Box <input type="text" value="400000"/>		Phone <input type="text" value="+91 22 22222222"/>			
City <input type="text" value="MUMBAI"/>		Fax <input type="text" value="+91 22 22222222"/>			
State/Proviencie <input type="text" value="MUMBAI"/>		E-Mail <input type="text" value="sample_metal@hotmail.com"/>			
Country <input type="text" value="INDIA"/>		Web Page Links or URL <input type="text" value="TBA"/>			
Middle East Contact					
City <input type="text" value="NA"/>		Telephone <input type="text" value="NA"/>			
P.O.Box No <input type="text" value="NA"/>		Fax <input type="text" value="NA"/>			
Country <input type="text" value="NA"/>		E-Mail <input type="text" value="NA"/>			

Note:

- **IMPORTANT.** All field is required and do not leave it blank. If that information is not available / not appropriate in your company, please put "NA"

3. Business Details

Registration	Business Details	Banking Reference	Experience Summary	Quality Assurance	Products / Services details & Final Submission
Business Details					
Business Type		<input type="text" value="STOCKIST"/> (once selected , it cannot be changed)			
Business Entity					
Corporation	Place of Incorporation	Date:(DD/MM/YYYY)			
	<input type="text" value="INDIA"/>	<input type="text" value="01/03/2010"/>			
Partnership - Partners	<input type="text" value="NA"/>				
Joint Venture - Partners	<input type="text" value="NA"/>				
Proprietorship - Owners	<input type="text" value="NA"/>				
Limited Liability - ShareHolders	<input type="text" value="NA"/>				
Others	<input type="text" value="NA"/>				
Registration No	<input type="text" value="NA"/>				
Date:(DD/MM/YYYY)	<input type="text" value="01/03/2011"/>				
Management					
Name	Title	Phone	Fax	Email	
NA	NA	NA	NA	NA	
NA	NA	NA	NA	NA	
NA	NA	NA	NA	NA	

Note:

- Please select the appropriate business type to your company in the available option. **Once it was selected, it could not be changed.**
- **IMPORTANT.** All field is required and do not leave it blank. If that information is not available / not appropriate in your company, please put "NA"

4. Banking Reference

a. Banking & Insurance Protection Details

Registration	Business Details	Banking Reference	Experience Summary	Quality Assurance	Products / Services details & Final Submission
Banking Reference					
	Bank1	Bank2	Bank3		
Bank Names	<input type="text" value="TBA"/>	<input type="text" value="NA"/>	<input type="text" value="NA"/>		
Address	<input type="text" value="TBA"/>	<input type="text" value="NA"/>	<input type="text" value="NA"/>		
Contact Name	<input type="text" value="TBA"/>	<input type="text" value="NA"/>	<input type="text" value="NA"/>		
Phone No	<input type="text" value="TBA"/>	<input type="text" value="NA"/>	<input type="text" value="NA"/>		
Fax No	<input type="text" value="TBA"/>	<input type="text" value="NA"/>	<input type="text" value="NA"/>		
E-Mail	<input type="text" value="TBA"/>	<input type="text" value="NA"/>	<input type="text" value="NA"/>		
Provide details of all your organization's major insurance protection					
Policy	Insurance Company		Cover Value (US Dollars)		
<input type="text" value="TBA"/>	<input type="text" value="TBA"/>		<input type="text" value="TBA"/>		
<input type="text" value="NA"/>	<input type="text" value="NA"/>		<input type="text" value="NA"/>		
<input type="text" value="NA"/>	<input type="text" value="NA"/>		<input type="text" value="NA"/>		

Note:

- If you have more than 3 banking reference, please fill only 3 of your major bank only. On the other hand, if you have only 1 or 2 banking reference, please put "NA" in the other banking reference column.
- Please fill your insurance and policy detail. If you didn't have any insurance, please put "NA" in all columns.
- **IMPORTANT.** All field is required and do not leave it blank. If that information is not available / not appropriate in your company, please put "NA"

b. Sales Reference and Persons Responsible Details

Sales for the 3 Financial Years			
	Year1	Year2	Year3
Annual in US Dollars	10000	10000	10000
Year	2007	2008	2009
Sales Curruntly Booked	TBA		
Largest Contract Award Completed: Description	TBA		
Customer	TBA	Value in US Dollars	TBA
Year Commenced	TBA	Years Completed	TBA
Are lead times quoted using Company standards or on a case-by-case basis?	<input checked="" type="radio"/> Company Standards <input type="radio"/> Case-by-casebasis		
Does your Company have Pricing Agreements in place with your suppliers?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Are Prices quoted using Company standards or supplier quotes for specific Enquiries?	<input checked="" type="radio"/> Company Standards <input type="radio"/> Supplier quotes for specific Enquiries		
Who in your Company is responsible for the following ?			
	Name	Title	
Ensuring quotations are submitted complete and on time	KUMAR	SALES	
Scheduling/Production Control	TBA	TBA	
Purchasing/Expediting	TBA	TBA	
Engineering/Design	TBA	TBA	
Quality Control/Quality Assurance	TBA	TBA	
Logistics	TBA	TBA	

Note:

- **IMPORTANT.** All field is required and do not leave it blank. If that information is not available / not appropriate in your company, please put "NA"

5. Experience Summary and Facility

a. Experience Summary

Registration	Business Details	Banking Reference	Experience Summary	Quality Assurance	Products / Services details & Final Submission
Furnish an Experience Summary which describes your business experience in the past five years, including all your major orders/projects completed, specify those for QAFCO and Oil & Gas Companies in Middle East.					
Contract Date	Contract Object	Customer	Delivery/Contract Completed Date	Contract Value	
02/03/2010	TBA	TBA	01/03/2011	TBA	

b. Manufacturing Facility

Manufacturing Facility			
Plant Location			
	Plant1	Plant2	Plant3
Plant Name	NA	NA	NA
Plant Address	NA	NA	NA
Principal Contact	NA	NA	NA
Title	NA	NA	NA
Phone	NA	NA	NA
Fax	NA	NA	NA
E-Mail	NA	NA	NA
Facility			
Yearly production capacity	NA	NA	NA
No. of Employees	NA	NA	NA
No. of Units or Tons produced/year	NA	NA	NA
Is plant facility owned or leased	Owned <input type="checkbox"/> <input checked="" type="checkbox"/>	Owned <input type="checkbox"/> <input checked="" type="checkbox"/>	Owned <input type="checkbox"/> <input checked="" type="checkbox"/>
If facility is leased, what is the expiration date (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Area owned or leased for plant facility	NA	NA	NA
Total sq. footage used for mfg., fab., & assy	NA	NA	NA
Sub Contractor			
Do you Sub-Contract any Products/Services ?		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Please furnish the list of Sub-Contractors and the Products/Services that you Sub-Contract from them.			
Name of Sub-Contractors		Products/Services Subcontracted	
NA		NA	
NA		NA	

c. Logistic Information

Logistical Capabilities	
Do you have your own Ware Housing Facility ?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
Do you self perform Export Packing ?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
Do you hire or have your own Loading Equipment ?	<input type="checkbox"/> Hire <input type="checkbox"/> Own <input checked="" type="checkbox"/> Hire&Own <input type="checkbox"/> NA
Do you have direct shipment access from your facility to major Airport by Rail/Road/Water? Please Specify	<input type="checkbox"/> Rail <input checked="" type="checkbox"/> Road <input type="checkbox"/> Water
Do you have direct shipment access from your facility to major Seaport by Rail/Road/Water? Please Specify	<input type="checkbox"/> Rail <input checked="" type="checkbox"/> Road <input type="checkbox"/> Water
Name the Major Airport nearest to your facility and It's distance	
Airport name	TBA
Distance	TBA
Name the Major Sea port nearest to your facility and It's distance	
Seaport name	TBA
Distance	TBA

Note:

- **IMPORTANT.** All field is required and do not leave it blank. If that information is not available / not appropriate in your company, please put "NA"

6. Quality Assurance

a. Quality Assurance

Registration	Business Details	Banking Reference	Experience Summary	Quality Assurance	Products / Services details & Final Submission
Quality Assurance					
Does your Company have a Quality Assurance Manual ?				<input type="radio"/> Yes <input checked="" type="radio"/> No	
Are you ISO 9000 Certified ? If so, Attach a copy of the applicable certificate				<input checked="" type="radio"/> Yes <input type="radio"/> No <div style="float: right; margin-top: 5px;"> <input checked="" type="checkbox"/> ISO 9001 <input type="checkbox"/> ISO 9002 <input type="checkbox"/> ISO 9003 </div>	
If not ISO 9000 Certified, do you					
Control and Verify the Product Design?				<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA	
Pre-qualify and evaluate your Suppliers.				<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA	
Pre-assess Suppliers' Quality Control & ensure conformance during manufacturing.				<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA	
Inspect incoming materials/services and control nonconformity.				<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA	
Maintain traceability of Materials/Documents.				<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA	
Identify process with directly affects the end product.				<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA	
Conduct regular audits to identify deficiencies and initiate corrective action.				<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA	
Systematically handle customer's complaints and analyze to detect and eliminate potential causes.				<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA	
Identify training needs and train your personnel who perform activities affecting quality.				<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA	

b. Environmental Awareness

Environmental Awareness	
Do you carry out Environmental Reviews or auditing ?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Do you / are you in the process of setting up an Environmental Management System	<input type="radio"/> Yes <input checked="" type="radio"/> No
If yes, do you comply or intend to comply with ISO 14001 Standard or the Eco-Management and Audit Scheme ?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Do you supply this company/use the product or services that you supply to this Company / intend to supply, any substance	<input type="radio"/> Yes <input checked="" type="radio"/> No
- Classified as hazardous or toxic for supply	<input type="radio"/> Yes <input checked="" type="radio"/> No
- Prohibited for release to land, air or water	<input type="radio"/> Yes <input checked="" type="radio"/> No
- Controlled by the Montreal Protocol on ozone depleting substances?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Do you use recycled materials or products ?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Do you offer facilities for customers to return your used products/ packaging for Recycling or safe disposal ?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Do you check the Environmental Performance of your suppliers ?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Has there been any civil action against you in respect of the environment in the last five years ?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Have you been convicted of breaching any Environmental Legislation in the last five years?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is there any environment related criminal or civil action pending ?	<input type="radio"/> Yes <input checked="" type="radio"/> No

c. Safety Awareness

Safety Awareness			
Year	2008	2009	2010
List Number of Fatalities for last three years	0	0	0
List Number of Injury/illness cases involving restricted work activity for last three years	0	0	0
List Number of Lost Work days due to injury/illness for last three years	0	0	0
How often are accident report summaries sent to the following?			
Managing Director	<input checked="" type="checkbox"/> None <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		
Concerned Manager	<input type="checkbox"/> None <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		
Are site safety meetings held for field supervisors?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If so, how often?	
Does your Company have a Safety Department ?	<input type="radio"/> Yes <input checked="" type="radio"/> No	who is the safety officer?	
Does your Company conduct project safety inspections?	<input type="radio"/> Yes <input checked="" type="radio"/> No	How often?	
Does your Company conduct craft tool box meetings?	<input type="radio"/> Yes <input checked="" type="radio"/> No	By whom?	
Does your Company have a Safety Policy?	<input type="radio"/> Yes <input checked="" type="radio"/> No	How often?	
Does your Company have a written Safety Manual?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Does your Safety Manual align with regulatory standards applicable to your business?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Does your Company have an orientation program for new hires ?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Does Company have a program for newly hired or promoted Supervisors?	<input type="radio"/> Yes <input type="radio"/> No		

Note:

- **IMPORTANT.** All field is required and do not leave it blank. If that information is not available / not appropriate in your company, please put "NA"

7. Product / Service details and Final Submission

a. Product / Service Details

Registration	Business Details	Banking Reference	Experience Summary	Quality Assurance	Products / Services details & Final Submission
Please indicate which categories of products and/or services your company deals with					
Name of the Trade	PIPES & VALVES				
Sub Trade	PIPES, VALVES, STRUCTURAL STEEL, REFRACTORY ETC.				
Product Name	STRUCTURAL STEEL/ BARS/SHEETS ETC.				
Product Details	STRUCTURAL STEEL - MATERIALS				
Brand	NA				
Add Business Details		<== click here to add your product / service details			
					Previous 1 Next
Trade Name	Sub Trade	Product Name	Product Details		
PIPES & VALVES	PIPES, VALVES, STRUCTURAL STEEL, REFRACTORY ETC.	STRUCTURAL STEEL/ BARS/SHEETS ETC.	STRUCTURAL STEEL - MATERIALS		

- Please select your product and service from the available option (drop down list) then click "**add business detail**"
- if you could not see the drop down selection option, you have to return back to the "Business Details" tab and check whether you have made selection on the field of "business type". (see registration step no. 3)

b. Attachment

Attachments			
Attach organization chart(s) which illustrate how your business is organized to perform work and list below the details of the key personal in your company			
<input type="text"/> <input type="button" value="Browse..."/>			
File Type	Size	File Name	Created On
Banking System			
What method or System does your Company use for scheduling, tracking, and controlling the activities from Order Entry, through the execution process, to final completion .? (Attach a complete description or flowchart)			
<input type="text"/> <input type="button" value="Browse..."/>			
File Type	Size	File Name	Created On
Machinery & Equipment			
Attach a complete list of major Machines and/or Equipment used at this Manufacturing, Fabrication, Assembly, Testing and Material Handling with capacities, sizes, dimensions & year of manufacture.			
<input type="text"/> <input type="button" value="Browse..."/>			
File Type	Size	File Name	Created On
Experience Summary			
Experience Attachment:			
<input type="text"/> <input type="button" value="Browse..."/>			
File Type	Size	File Name	Created On
Quality Assurance			
ISO 9000 Certificate Copy	<input type="text"/> <input type="button" value="Browse..."/>		
File Type	Size	File Name	Created On
Environmental Awareness			
If Controlled by the Montreal Protocol on ozone depleting substances is yes? please attach the file. i.e. name of substance, category, hazard information.			
<input type="text"/> <input type="button" value="Browse..."/>			
File Type	Size	File Name	Created On
Others			
<input type="text"/> <input type="button" value="Browse..."/>			
File Type	Size	File Name	Created On

Note

- You may put the attachments in format Pdf, Ms. Excel, Ms. Word, Ms. Power Point which size is not more than 4MB.
- If you have to send bigger size of documents, you have to send it separately to purchase@qafco.com.qa after you have complete and successful on the registration.

c. Acknowledgement & Final Submission

Acknowledgement and final Submission	
All the Information provided herein are true and correct.	
Name	Mr. AAAA
Designation	XXXX
Telephone	12345678910
Status:	<input checked="" type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> Joint Venture <input type="radio"/> Proprietorship <input type="radio"/> Others

Note

- Once you click the "submit button" was no chance for you to edit the information, therefore please ensure that data you have put is correct.
- You will receive, message which mentioned that your registration is successful.
- If there any field that still not filled correctly, you will receive an error notice and will show which field you must do correction.

Helpdesk & Feedback

If you encounter difficulties in accessing or filling the on-line registration form, or any other issues relating to this module, please do not hesitate to send an email to purchase@qafco.com.qa.

On the other hand, we also invite you to freely submit your feedback and suggestion that may help us to improve the accuracy of this website to the same email address above.

Frequently Asked Question (FAQ)

1. Question: What shall one do if there are more than 3 Bank references?
Answer: Please restrict your references to 3 most important/major Banks only.
2. Question: What shall one do if there are more than 3 Plants?
Answer: Please restrict your data to 3 most important/major Plants only.
3. Question: For the Experience Summary, which Contract references should be filled in the given Form? What is the format to be used for the Experience Summary document that is to be up-loaded?
Answer: The details of the most important Contract executed each year (for all the five years) are to be mentioned in the Form. The same format of "Experience Summary" can be used to make a MS Word document for up-loading, to provide details of the other major Contracts executed.
4. Question: How does one mention the complete information on "Products & Services" ?

Answer: The Drop-down menu should be used to choose the specific product from the list of product classification provided. Detailed information can be provided in a MS Word document to be up-loaded as an attachment.
5. Question: I got error message after click submit button? What I have to do?

Answer: This error may happen because of several reason belows:
 - *if you use different browser, therefore please retry registration using preferred browser Internet Explorer (IE-9).*
 - *Uploading information from your computer is hard / slow, which may caused by slow internet connection or attachment is too big. You may check your internet connection and size of the attachment.*