

Form No : HTS-FQ-20

Rev. No : 01

Date :

HTS Interior Design LLC Vendor Registration Form



Note: Please complete all sections that are relevant and strike out sections that are not applicable to your company.

Company Name :	Contact Names :
Address :	Contact Person and Number (after office hours) :
PO Box Number :	Factory Address (If any) :
City/State :	Sales :
Telephone :	Technical :
Fax :	Quality :
Company Website :	Office Hours :
Email Address :	
Business Type <input type="checkbox"/> Service Provider <input type="checkbox"/> Vendor <input type="checkbox"/> Manufacturer	

KEY PERSONNEL INFORMATION

Name	Designation	Phone #	Email Address

AUTHORIZED SIGNATORY

Authorized Signatory :
 Designation :
 Phone / Mobile :
 Specimen Signature :

REGISTRATION/LICENSES INFORMATION

Trade License Number :
 Date Issued / Expiry (DD/MM/YYYY) :
 Place of Registration :
 Years of Experience :

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YOUR CREDIT TERMS:

30 days

60 days

90 days

>90 days

ON-GOING PROJECTS

Project	Project Location	Client	Scope Of Work	Client Info

PROJECT EXPERIENCES

Project	Location: City & Country	Client Name	Client Contact Information	Contract Value in AED	Brief Scope of Work

Materials / Services Offered:

Do you have a quality system to ISO 9001 or other equivalent standard?

Certificate Number:

If No, are you willing to work within the requirements of our quality system?

Comments (including scope of any certification):

Do you work for written procedure?

Yes

No

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Do you offer Standard Certificate of Conformity/Test Results for your Products/Services?

Yes No

May our representative visit your premises or workplace to verify conformance with our order and/ or your system?

Yes No

Today's Date (MM/DD/YYYY): / / Person Completing Form:

Structure of Company:

Sole Proprietorship Corporation Partnership LLC Joint Venture Others

Date of Establishment: City Established:

List of cities in which authorized to do work (please include license # if applicable):

.....
.....

Contractor parent company (company name/president/address/phone):	No. of Employees (office and field):
.....	(Print out list from MOL is necessary)

Company Profile: (check all that apply)

Subcontractor (Furnish & Install) Subcontractor (Install only) Supplier

Project Size's Capability: (check all that apply)

Yearly AED 250,000 or below Yearly AED 251,000 - AED 499,000 Yearly AED 500,000 – AED 999,999 Yearly AED 1,000,000 or more

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Types of project that you are specialize in: (check all that apply)

- Schools Government Healthcare Commercial
- Industrial Restaurant Retail Other

Core Trade Services: (check all that apply)

- Civil Works Fit Out & Joinery Ceiling & Partition Glass Works IT Works
- Mechanical Electrical Plumbing CCTV & Security Painting
- Gypsum Screed Raised Access Furniture Others

No. of Manpower assigned: (indicate the number of manpower)

- | Civil Works | Fit out & Joinery | Ceiling & Partition | Glass Works | IT Works |
|---|------------------------------------|------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Civil Supervisor | <input type="checkbox"/> Carpenter | <input type="checkbox"/> Carpenter | <input type="checkbox"/> Glass Fixers | <input type="checkbox"/> Technician |
| <input type="checkbox"/> Mason | <input type="checkbox"/> Labor | <input type="checkbox"/> Labor | <input type="checkbox"/> Labor | <input type="checkbox"/> Labor |
| <input type="checkbox"/> Labor | | | | |
| <input type="checkbox"/> Total | <input type="checkbox"/> Total | <input type="checkbox"/> Total | <input type="checkbox"/> Total | <input type="checkbox"/> Total |

- | Mechanical | Electrical | Plumbing | CCTV & Security | Painting |
|--|--------------------------------------|------------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Mech Supervisor | <input type="checkbox"/> Electrician | <input type="checkbox"/> Carpenter | <input type="checkbox"/> Technician | <input type="checkbox"/> Painter |
| <input type="checkbox"/> Mechanics | <input type="checkbox"/> Helper | <input type="checkbox"/> Helper | <input type="checkbox"/> Helper | <input type="checkbox"/> Helper |
| <input type="checkbox"/> Labor | | | | |
| <input type="checkbox"/> Total | <input type="checkbox"/> Total | <input type="checkbox"/> Total | <input type="checkbox"/> Total | <input type="checkbox"/> Total |

- | Gypsum | Screed | Raised Access | Furniture |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Installer | <input type="checkbox"/> Carpenter | <input type="checkbox"/> Installer | <input type="checkbox"/> Installer |
| <input type="checkbox"/> Labor | <input type="checkbox"/> Labor | <input type="checkbox"/> Labor | <input type="checkbox"/> Labor |
| <input type="checkbox"/> Total | <input type="checkbox"/> Total | <input type="checkbox"/> Total | <input type="checkbox"/> Total |

Company Facilities: (check all that apply & attach list if necessary)

- Factory Office Workshop Machinery
- Vehicle Warehouse Tools Others

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Do you have experience with LEED/green buildings? [] Yes [] No

Health and Safety Policy: (If yes please attach copy)

Do you have Health & Safety Policy? [] Yes [] No

Designated persons: Qualification:

Describe how the induction training is being conducted, (please attach copy)

.....
.....
.....

Number of incidents reported, last year _____ no. of casualty _____ no. of injured _____

Designated person: Qualification:

Insurance: CAR / Contractors All Risk / Others

Do you have Workmen's Compensation Insurance? [] Yes [] No (If yes please attach copy)

Financial:

- [] Profit & Loss - 3 years (audited) [] Balance Sheet - 3 years (audited)
[] Ability to provide bank guarantee [] Maximum

Work in progress:

Amount of work under contract: AED

Amount of that work not yet completed: AED

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GENERAL POLICIES OF HTS – INTERIOR DESIGN LLC

1. HTS reserves the right to reject any application for registration without indicating reasons.
2. If you fail to provide any of the information requested on this form or fail to enclose any of the specified supporting information, your application may be rejected.
3. The normal processing time from submission of the pre-qualification form is seven (7) working days.
4. HTS will evaluate your firm's qualification, reputation and experience during the above period.
5. HTS vendor database is used as a guide to determine vendors for our specific requirements and we reserve the right to invite vendors to quote for our various requirements and tenders.
6. Upon confirmation, HTS may invite the vendor to display its products and an assessment done to ensure the quality of the products or may invite vendor to quote for our requirements whereby an assessment will be conducted.
7. The vendor, once registered, should ensure to update HTS with change of address, telephone / fax number, any range of new products introduced by the vendor.
8. HTS will deal fairly and responsibly with all its registered vendors to meet our business requirements for material and services at the most favorable terms keeping in mind that the vendors should be able to make profit from its dealings, whilst remaining competitive in the market place.
9. The vendor must comply with the local environmental legislations / regulations.
10. Breach of Non-Disclosure Agreement by the vendor will cause disqualification or black-listing.

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Acknowledgement

I confirm that the information provided in the aforesaid form is accurate. I also agree with the General Policy of your company as mentioned above.

Authorized Name:

Company Seal:

Signature:

Date (MM/DD/YYYY):

To Be Completed by Company Staff

Date (MM/DD/YYYY):

Reviewed by:

Actions Taken During Review:

Vendor on Site Visit: Yes No

Phone Contact: Yes No

Name(s) of Contractor Personnel Review Completed -With:

.....

Comments:

Should this company be added to the Approved Vendor list? Yes No

Are there recommendations or additional actions as condition of acceptance? Yes No

If yes, please complete the section below identifying actions required. Must be signed by Vendor Senior Management

Are additional evaluations of vendor required to ensure implementation of identified action plan for continuous improvement? Yes No

If yes, specify intervals:

The above-mentioned vendor has agreed to implement continuous improvement activities described above within the designated time frames as a condition of hire. The vendor agrees to a company representative completing a follow-up review of action plan within one year of signing and acknowledges that failure to satisfactorily implement this action plan may result in the vendor being removed from the company Pre-Approved Vendor List.

Vendor Senior Management:

Name:

Signature:

Date: / /

Company Representative:

Name:

Signature:

Date: / /

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DOCUMENTS TO BE SUBMITTED

REQUIREMENTS DETAILS TO BE SUBMITTED BY THE VENDOR	AVAILABILITY	
	YES	NO
Completed Pre-Qualification Form		
Company Profile		
Copy of Company's Valid Trade License		
Labor Details – Workers List		
Bank Information		
Major Clients and Contact Details		
List of High-Value Projects		
Project Completion Certificates		
Manufacturing Facility; List of Machinery and Equipment		
Insurance Certificates		