



## Supplier Pre-Qualification Form

Procurement Department  
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Today's Date \_\_\_\_\_

### I. Corporate Information

Company Name	
Parent Company Name	
Address	
P.O Box No.	
Street	
City	
State/Region/Province	
Country	
Zip/Postal Code	
Telephone Numbers	
Fax Numbers	
Email	
Web	
Contact Person	
Title	

## II. Product / Service Information

### 1. Advertising

<input type="checkbox"/> Advertising Specialties – Imprinted Items	<input type="checkbox"/> Publications & Audio Visual
<input type="checkbox"/> Advertising Specialties – Badges, Name Tags	<input type="checkbox"/> Communications & Media Service

### 2. Building & Ground

<input type="checkbox"/> Builder’s Supplies	<input type="checkbox"/> Lumber Products
<input type="checkbox"/> Builders & Structures	<input type="checkbox"/> Material Handling Equipment
<input type="checkbox"/> Building, Modular& Portable	<input type="checkbox"/> Painting Equipment & Supplies
<input type="checkbox"/> Cafeteria Equipment	<input type="checkbox"/> Plumbing Equipment & Supply
<input type="checkbox"/> Clothing apparel	<input type="checkbox"/> Asphalt Materials
<input type="checkbox"/> Fencing	<input type="checkbox"/> Cement
<input type="checkbox"/> Fertilizers/ Soil conditioners	<input type="checkbox"/> Roofing
<input type="checkbox"/> Fire Protection Equipment	<input type="checkbox"/> Signage
<input type="checkbox"/> Floor Covering	<input type="checkbox"/> Water Treatment
<input type="checkbox"/> Janitorial Equipment & Supplies	<input type="checkbox"/> Pest Control
<input type="checkbox"/> Rental or Lease of Equipment	

### 3. Computers

<input type="checkbox"/> Hardware and Peripherals (Micro)	<input type="checkbox"/> Software (Micro)
<input type="checkbox"/> Hardware and Peripherals (Mini)	<input type="checkbox"/> Software (Mini)]
<input type="checkbox"/> Accessories & Supplies	

### 4. Contractors

<input type="checkbox"/> Security System	<input type="checkbox"/> Masonry
<input type="checkbox"/> Paving/ Resurfacing	<input type="checkbox"/> Painting
<input type="checkbox"/> Construction General	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Concrete	<input type="checkbox"/> Roofing
<input type="checkbox"/> Electrical, HVAC	

### 5. Furniture

<input type="checkbox"/> Health Care	<input type="checkbox"/> Auditorium
<input type="checkbox"/> Laboratory	<input type="checkbox"/> Office Furniture
<input type="checkbox"/> Cafeteria/ Classroom/ Library	

### 6. Office Equipment’s & Supplies

<input type="checkbox"/> Forms & Labels- Continuous	<input type="checkbox"/> Office Supplies (General)
<input type="checkbox"/> Office Machines & Accessories	<input type="checkbox"/> Stock Forms & Labels
<input type="checkbox"/> Copiers – Plain Bond	<input type="checkbox"/> Writing Instruments – Pens, Pencils & Markers
<input type="checkbox"/> Carbon Papers & Ribbons	<input type="checkbox"/> Paper (For Office and Print Shop Use)

### 7. Printing Products & Services

<input type="checkbox"/> Printing Plant Equipment’s	<input type="checkbox"/> Mailing Services
<input type="checkbox"/> Graphic Arts Services	<input type="checkbox"/> Printing & Related Services

### 8. Others (Please Specify)


### III. Legal

- Limited Liability Company     
  Individual Owned     
  Partnership     
  Joint Venture  
 Country of Establishment :     
  Qatar     
  GCC     
  Other (Specify)

**a. Registration Document (*Please enclose copies of registration Document & Certificates*)**

Commercial Registration Number	
Qatar Chamber of Commerce Membership	
Tax Card Number	

**b. Business Classification**

- Manufacturer     
  Manufacturer's Representative (Attached authorization letter from the manufacturer)  
 Trader     
  Contractor     
  Service Provider

### IV. Experience Record

1. Have you had any contracts terminated for poor performance in the last five years?     YES     NO  
 If yes, please give details

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2. How many years has your organization been in the current business?

<5 years     
  5-10 years     
  10-15 years     
  20 years

**a. Three Major Contracts Executed during last 3 years**

Completion Year	Name of Work / Supply	Client	Country	Value in QAR

**b. Please Provide 3 references for your work experience**

Organization	Contact Person	Designation	Phone	Email

**c. Technical & Professional Ability**

1. Do you use any software solution that integrates routine operations like purchasing, order management, invoicing etc.?  
 YES  NO If yes, please give details

**d. Product Support**

Provide Details of your product support policy and after sales service

**V. Quality Management**

1. Do you have a documented Quality Management System including Policy, Procedure etc??  YES  NO  
If yes, please provide details

2. Are you certified for Quality Management System?  YES  NO  
If yes, give name of the certification body, year of certification and attach copy of the certificate

**VI. Training and Development**

1. Describe briefly the process your organization employs in training and developing staff in order to improve effectiveness in the work place.

**a. Major training provided during past one year**

Training Title	Trainer/Training Organization	Duration	Target Group

## VII. Professional Information

1. Are there any outstanding law suits against your organization in the state of Qatar or elsewhere?  YES  NO

2. Is your organization the subject of proceedings for a declaration of bankruptcy or any other similar proceedings under national laws or regulations?  
 YES  NO

## VIII. Bank Details

Bank Name			
Address			
Telephone		Fax	
Branch			
Account Name			
Account Number		Account Currency	
SWIFT/BIC Code			
IBAN No.			
Finance Department Email			

## Declaration

We hereby declare that the above particulars are True and correct and accept that Waseef has a right to Verify them as when required	Name:  Title:  Date:
Signature	(Affix official company stamp/logo)

If the space provided in this document is insufficient for your responses, provide each detailed response in separate, clearly identified numbered attachments.

The registered suppliers are required to immediately advise Waseef of any significant change to their:

- Financial capacity or technical capability
- Ownership or holding
- Any court convictions or prohibition orders from governmental agencies.
- Significant changes to supplier or sources of products/services.
- Significant changes of range of products/services offered
- Changes in address, phone, email, fax, contact person or other communication details.
- Waseef may make revisions to the registration scheme, or seek new applications at any time. Whenever a full revision of the system is carried out, additional information or new applications from currently pre-qualified suppliers will be sought.
- Provide a brief description that describes the nature of your business and the products and/or services that you are able to supply to Waseef.

**For Waseef use only (Signature/Name/Date)**

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**Approved By**