



Vendor code 321256

**VENDOR / SUB CONTRACTOR REGISTRATION FORM**

1)	Name of Vendor	: Exova Limited LLC
2)	Communication Details	
	Address	: PO Box 869, PC 130 Azaiba, Sultanate of Oman
	Tel #	: +968 2450 1870 (+968 9910 1690)
	Fax #	: +968 2459 5619
	Tlx #	:
	E_Mail Address	: <a href="mailto:muscat.lab@exova.com">muscat.lab@exova.com</a> : <a href="mailto:Robert.McKenzie@exova.com">Robert.McKenzie@exova.com</a>
	Contact Person	: Robert McKenzie
	CR (Company Registration No)	: 1726773

3)	Business Type (√ whatever is appropriate)	: Manufacturer	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
		If Yes,	Local <input type="checkbox"/>	Foreign <input checked="" type="checkbox"/>
		Trader	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
		Authorised Dealer	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
		Stockist	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
		Contractor	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
		Please tick Category:		
Civil (√) / Mechanical / Electrical / All / Others (√)				

4)	Vendor's Major Products / Services / Agencies	: Testing Laboratory of Construction Materials, Chemistry & Microbiology , Metallurgy and Failure Investigation, Fire Consultancy, Environmental Testing
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5)	Third Party Certification to International Standard	: ISO 9001 <input type="checkbox"/>
		ISO 14001 <input type="checkbox"/>
		Others <input checked="" type="checkbox"/>
	If other please specify	<u>ISO 17025</u>



6)	Vendor is	: i) Client Nominated Supplier Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, Client Name: _____
		: ii) Client preferred Supplier Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, Client Name: _____
		: iii) Associated with AHPS } Yes <input type="checkbox"/> Group of Companies } No <input checked="" type="checkbox"/>
		: iv) Product compliance with Standards : Product Name: _____ National Standard: _____ International Standard: <u>UKAS</u>
7)	Direct Representative of Manufacturer	: Yes <input type="checkbox"/> No <input type="checkbox"/>
8)	Presence in other countries Other than Oman	: Branch (es) <input type="checkbox"/> 30 Countries Associates <input type="checkbox"/> Others <input type="checkbox"/> Not applicable <input type="checkbox"/>
9)	Principal Office, if any, details may be provided	: Muscat, Sultanate of Oman
10A)	Bank details - Bank Name Branch Account No. A/c. Operating personnel & other details if any.	: HSBC Bank Middle East : Al Falaj, Ruwi Sultanate of Oman : 002 620219 001 : Mr. Hashir Manzil - <a href="mailto:Hashir.Manzil@exova.com">Hashir.Manzil@exova.com</a>
10B)	Please specify your Payment Terms	:
11)	Additional Information, if any.(Like Other Clients etc.,)	:



12)	Attaching following certificates/documents, as applicable.		
	i) Certificate of Performance of supplies to prestigious clients/projects	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	ii) Largest Order (in terms of amount & quantity, etc) executed so far with details	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	iii) Latest Company Brochure	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	iv) Resources (List of Equipment, Technical & Non technical manpower)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	v) Technical Literature of company products	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	vi) CR (Company Registration) copy	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	vii) Computer Card showing Company Authorized Signatories (for local vendors).	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	viii) Municipality Certificate (For local Vendors).	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	ix) Chamber of Commerce Registration Certificate Copy.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	x) Any other documents, please specify	Yes <input type="checkbox"/>	No <input type="checkbox"/>

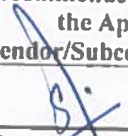
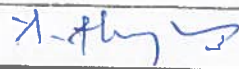

We declare the above information is True to our best of knowledge.

Company's Authorised Person's Signature :   
Designation : General Manager  
Seal of Company :

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اكسوا لميتد ش.م.م.  
Exova Limited L.L.C.  
C.R. No.: 1726773  
P.O. Box: 869, Azsiba, P.C.: 130, Sultanate of Oman  
Tel.: +968 24501870 Fax: +968 24595619

For AHPS use only:-

The above Vendor/Subcontractor is		The above Subcontractor/Vendor
Recommended to Include in the Approved vendor/Subcontractor List	Evaluated & Approved	Reviewed & Included in list
		
Contract/Project Manager	Head (Quality)	Head (Purchase)
Date :	Date : 10/06/16	Date : 06/06/16



