

P. O. Box 880, Ruwi, Postal Code 112, Sultanate of Oman. Tel. No. (968) 244 94376/ Fax No. (968) 244 95637 436/

Email: sos@mhd.co.om, Website: www.specialoilfield.com

LOCAL SUPPLIER MASTER DATA SHEET										
SUPPLIER CODE							DATE			
	1	1			_		1			
DIVISION CODE					DI	VISION				
SUPPLIER NAME					1	SHOR	T NAME		1	
ADDRESS – LINE 1						PHON	E NO.			
ADDRESS – LINE 2	NE 2				EMAIL					
ADDRESS – LINE 3						FAX N	О.			
ADDRESS – LINE 4						CONT. PERSO				
CURRANCY						CONT	NUMBER			
PAY. TERM										
				BANK	K DE	TAILS		•		
BANK NAME										
BANK ACCOUNT										
SWIFT CODE										
SORT CODE										
ROUTING DETAIL										



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LOCAL SUPPLIER ASSESSMENT FORM

NAM	E & ADDRESS OF VENDOR				
PROI	OUCT SERVICES				
SR	ASSESSMENT CRITERIA	REMARKS			
1	PAST PERFORMANCE RECORDS				
2	QUALITY, PRICE, DELIVERY SCHEDULE AND SERVICES				
3	QUALITY SYSTEM- ISO 9001 CERTIFIED OR NOT				
4	REFERENCE FROM CLIENTS/ USER				
5	FINANCIAL CAPACITY				
6	TEST RESULTS OF PRODUCTS, SAMPLE APPROVAL, INTERNATIONAL STANDARDS APPROVAL				
7	ANY OTHER REQUIREMENTS				
REMARK TO BE STATED AS EXCELLENT/GOOD, ABOVE AVERAGE/ AVERAGE. POST VENDOR ASSESSMENT DECISION :ACCEPTABLE/NOT ACCEPTABLE/ TRY WITH TRIAL ORDER					
PREPA	RED BY: APPROVE	ED BY :			

DATE:

DATE: