

COMPANY DETAILS

Registration Request Type

| | | | |
|---------------------------|------------------------------|--------------------------------|----------------------|
| New Registration | <input type="checkbox"/> YES | | |
| Information Update | <input type="checkbox"/> YES | The Updated Information | <input type="text"/> |

SECTION A: GENERAL INFORMATION

| | | | |
|--|----------------------|---------------------|----------------------|
| Legal name of the company in English | <input type="text"/> | | |
| Country | <input type="text"/> | | |
| City | <input type="text"/> | Street | <input type="text"/> |
| Zip/Postal Code | <input type="text"/> | PO Box | <input type="text"/> |
| Telephone | <input type="text"/> | Fax | <input type="text"/> |
| Year Business Established | <input type="text"/> | Website | <input type="text"/> |
| Commercial Registration No. / Trade License No. / Incorporation No. | <input type="text"/> | Expiry Date: | <input type="text"/> |
| VAT Registration No. (if applicable) | <input type="text"/> | Expiry Date: | <input type="text"/> |

SECTION B: OWNERSHIP STRUCTURE

| No. | Full Name | Position | Identification Number |
|-----|----------------------|----------------------|-----------------------|
| 1. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5. | <input type="text"/> | <input type="text"/> | <input type="text"/> |

SECTION C: CONTACT INFORMATION

| No. | Main Contact | Position | Telephone/Mobile | Email |
|---|----------------------|----------------------|----------------------|----------------------|
| 1. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| *All notifications and announcements will be shared with the above contact. | | | | |



| No. | Technical Contact | Position | Telephone/Mobile | Email |
|-----|-------------------|----------|------------------|-------|
| 1. | | | | |
| 2. | | | | |
| No. | QHSE Contact | Position | Telephone/Mobile | Email |
| 1. | | | | |
| 2. | | | | |

SECTION D: OFFICIAL BANK DETAILS

| | |
|--|---|
| Beneficiary Name <i>(must match the company Legal name in English)</i> | . |
| Bank Name | . |
| Bank Country | . |
| Currency | |
| SWIFT Code | . |
| Account No. | . |
| IBAN | . |

SECTION E: QUALITY MANAGEMENT SYSTEM (QMS) QUESTIONNAIRE

PLEASE CHECK THE RELEVANT ANSWER FOR ALL QUESTIONS

| # | QUESTIONNAIRE | YES | NO | NA |
|---|---|--------------------------|--------------------------|--------------------------|
| 1 | Does the organization have any product license(s) or certification(s) to a specific industry standard for the product/ service be supplied? i.e. API, ASME, ASTM, or ISO. <i>If yes, provide a copy of the certificate(s).</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Is the organization's QMS certified to ISO 9001? <i>If yes, provide a copy of the certificate(s)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Does the organization have systems in place for Contract/ Purchase order review? <i>If yes, provide supporting Document/Evidence.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Does the organization have systems in place for Document control? <i>If yes, provide supporting Document/Evidence.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Does the organization have systems in place for Internal Audits? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



| | | | | |
|----|---|--------------------------|--------------------------|--------------------------|
| | <i>If yes, provide supporting Document/Evidence.</i> | | | |
| 6 | Does the organization have systems in place for the inspection, identification, traceability, and calibration of measurement and test equipment? <i>If yes, provide supporting Document/Evidence.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | Does the organization have systems in place for the control, identification, and traceability of materials through all stages of production, storage, and delivery? <i>If yes, provide supporting Document/Evidence.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | Are nonconforming items identified, controlled, and segregated from production to prevent its unintended use or delivery? <i>If yes, provide supporting Document/Evidence.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | Does the organization document nonconforming items, investigate the root cause(s), determine the corrective action needed to prevent reoccurrence, and determine effectiveness or corrective actions? <i>If yes, provide supporting Document/Evidence.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | Does the organization have systems in place for Quality & HSE improvement programs? <i>If yes, provide supporting Document/Evidence.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | Does the organization maintain a list of qualified suppliers? <i>If yes, provide supporting Document/Evidence</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | Does the organization have a documented training/ competency program for personnel performing work-affecting quality? <i>If yes, provide supporting Document/Evidence.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 | Does the organization have a written procedure for the qualification & selection of Suppliers? <i>If yes, provide supporting Document/Evidence.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 | Does the organization have controls over its supply chain (supplier & sub-suppliers) for all critical products/components /activities? <i>If yes, provide supporting Document/Evidence.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 | Does the organization monitor the quality performance of their Suppliers? <i>If yes, provide supporting Document/Evidence.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 | Will your company subcontract the scope of the goods/services (entirely or partial) to another company. <i>If yes, provide supporting Document/Evidence including the following:</i> 1. <i>List all subcontractors' full names.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|--|--|--|--|--|
| | 2. <i>Provide subcontractor commercial registration and VAT if applicable.</i> | | | |
| | 3. <i>Identify the scope of the subcontractor.</i> | | | |
| | 4. <i>Identify the relationship between your company and subcontractor.</i> | | | |


SECTION F: HEALTH, SAFETY, ENVIRONMENT (HSE) QUESTIONNAIRE

PLEASE CHECK THE RELEVANT ANSWER FOR ALL QUESTIONS

| # | QUESTIONNAIRE | YES | NO | NA |
|---|--|--------------------------|--------------------------|--------------------------|
| 1 | Is the organization's HSE Management System certified to ISO 45001, ISO 14001, or equivalent? <i>If yes, provide a copy of the certificate(s)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Does the organization have HSE Policy? <i>If yes, provide supporting Document/Evidence if available.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Does the organization maintain total Recordable Injury Rate (TRIR) records – if relevant? <i>If yes, provide supporting Document/Evidence</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Does the organization have established HSE Manual. <i>If yes, provide supporting Document/Evidence if available.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

BELOW DOCUMENTS TO BE SUBMITTED IN FULL ALONG WITH THE REGISTRATION FORM

1. A valid copy of the Commercial Registration / Trade License / Incorporation Certification.
2. A valid copy of the Value Added Tax (VAT) Certification (if applicable).
3. Formal bank letter on bank letterhead with full bank details in English
 - ✓ Bank Name
 - ✓ Bank Country
 - ✓ Bank Swift Code
 - ✓ Beneficiary Account Name
 - ✓ Beneficiary Account/IBAN Number
 - ✓ Account Currency
4. Due Diligence & KYC Form (if applicable).
5. Intermediary Bank Details (if applicable).
6. ISO and API Certificates (if applicable).
7. Product Specific Approval Certification e.g. API, ASME (if applicable).

| | | | |
|---|---|--------------|--------|
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- 8. Major Client Approval e.g. PDO, OQ etc. (if applicable).**
- 9. All applicable supporting documents/evidence as mentioned in Section E & F.**

ACKNOWLEDGEMENT

By signing this form on behalf of _____ (Name of the Organization)

We Acknowledge That:


- All the information that is provided in this registration form is accurate and correct.
- We have read and will abide by the SOS code of Conduct and Ethics Policy in all our dealings with SOS and its affiliate companies.
- In addition, we undertake to notify SOS promptly of any change in ownership/directorship in the company or of any change to the information provided in this form.
- We will promptly provide SOS with certified copies of Government documentation establishing such changes.
- Vendor shall, on a timely basis, provide SOS with Tax invoices in compliance with the local government tax requirements and Tax detailing the types of, and aggregate price for, the Services/Products purchased by SOS during the just-completed month.
- SOS reserves the right to deny late submitted invoices from Vendors given that 30 days passed from the completed delivery of the Services/Products to SOS.
- SOS standard payment terms are 90 days from the date of reception and acknowledgement of non-disputed vendor's invoice. Deviations can be accepted and must be approved by Supplier and SOS Management on a case-by-case basis.
- In case of duplicate payment, overpayment or payment made in error, the supplier agrees to return such payment to SOS after receiving the information or documents related to any of the above mentioned payments.
- We Hereby Authorize SOS to make payments to the account mentioned above via electronic funds transfer against the goods and services provided to them by us.
- No PO no Payment Policy: We acknowledge and agree that a contract, a standalone purchase order or a purchase order under a relevant master agreement must be duly entered into before any supply of products or services, and before any invoice may be rendered to SOS (including, without limitation, for any advance payments). Any invoices rendered to SOS must match the details of the contractual documentation (including, without limitation, the legal entity issuing the invoice, contract/purchase order references, prices and unit rates, product/service description, etc.). We acknowledge and agree that the absence of a contract, a standalone purchase order or a purchase order under a relevant master agreement, or the failure to render invoices strictly in accordance with the contractual documentation will result in the rejection of such invoices by SOS and subsequent no payment.
- We hereby confirm that there is NO Subcontractor or Joint Venture beside our company to deliver the scope requested by SOS, other than the one(s) mentioned in section E16. If this changes at any point in time, we agree to formally inform SOS and obtain formal approval accordingly prior to performing or delivering the scope of services or goods.



Authorized Signatory Details

List legally authorized signatory for conducting business with SOS

| Authority | Name | | Position | |
|--|-------|--|----------|--|
| | Phone | | Email | |
| <p>Authorized Signature <i>(Company Stamp required)</i></p> | | | | |
| | | | | |

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For SOS Internal Use Only

| No. | Document | Available | Not Available | Not Applicable |
|-----|---|-----------|---------------|----------------|
| 1 | Vendor Registration Form: to be filled, signed, and stamped by the authorized person | | | |
| 2 | Bank Details | | | |
| 3 | Signed NDA | | | |
| 4 | Valid CR / Trade License / Incorporation Certificate | | | |
| 5 | Valid VAT Certificate | | | |
| 6 | Support documentation to QMS Questionnaire | | | |
| 7 | Support documentation to HSE Questionnaire | | | |

Comment :

For SOS Internal Use Only

| Scope of Approval | | | |
|---------------------------------------|------|-----------|------|
| Onboarding Approvals | | | |
| Position | Name | Signature | Date |
| Reviewed by | | | |
| Supply Chain & ICV Manager | | | |
| Quality Manager | | | |