

EXTERNAL PROVIDER EVALUATION FORM Date _____

COMPANY INFORMATION

Commercial Name _____
 Office Address _____ City _____ Country _____
 PO Box _____ Phone Number _____
 Email Address _____ Website _____
 Type of Business Sole Proprietor/Professional Freezone Limited Liability Government Entity
 Trade License/Business Registration Number _____ Establishment Date _____
 Tax Registration Number _____ Trade License Expiry Date _____
 Supplier Type Manufacturer Retailer/Reseller/Trader
 Authorised Distributor Service Provider (Please specify) _____
 Stockist Other (Please specify) _____
 Scope of Materials/ Services Offered _____

Sales Contact Person

Name _____ Designation _____
 Direct Phone Number _____ Email Address _____

QUESTIONNAIRE

	Yes	No	N/A
1 Do you have any recognised third party assessed Quality Management System and Certification (ISO 9001)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Do you have accreditation from BBB (Better Business Bureau)? [Applicable to US providers]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Do you offer standard Certificate of Conformity and/or Test/Inspection Reports for your products of services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Will you allow our representative to visit your premises or place of work to verify conformance with our order and/or your system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Do you have any procedure for resolving nonconformities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Do you implement any in-house quality management system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Do you offer flexible payment terms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DOCUMENTATIONS

	Provided	Not Provided	N/A
1 Registration Certificate/ Trade License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Tax Registration Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 ISO Certificate (or equivalent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Company Profile/ Brochure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Bank Details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Other supporting documents provided [Please specify] _____			

FOR OFFICIAL USE ONLY

Supplier ID: _____ Payment Terms: _____ Date: _____

The Above external provider is APPROVED / NOT APPROVED based on the Evaluation.



Reviewed by: _____
 Approved by: _____