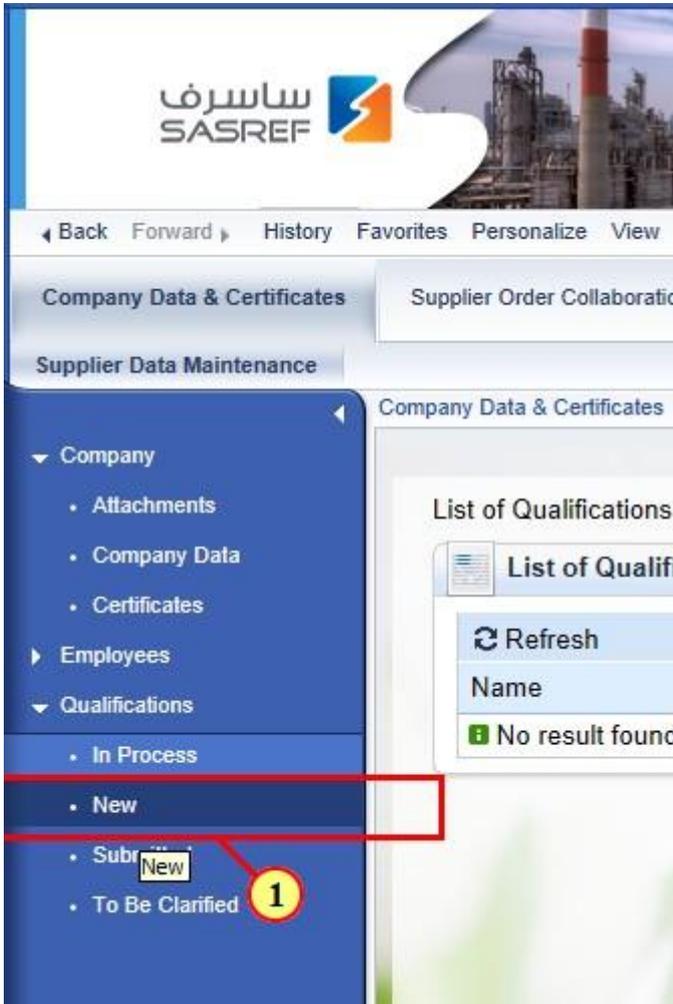


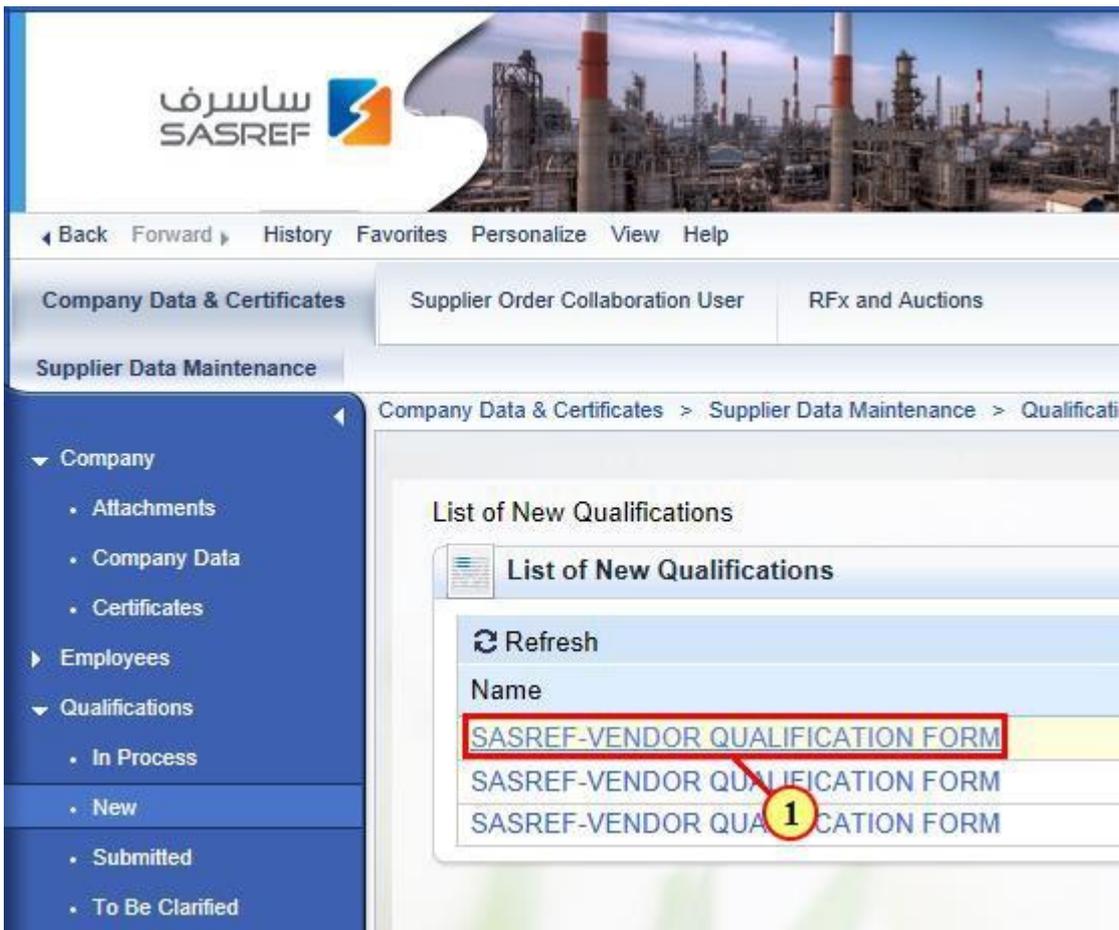
1.1. SQ WORK INSTRUCTIONS

1.1.1. In Process - SAP NetWeaver Portal - Internet Explorer

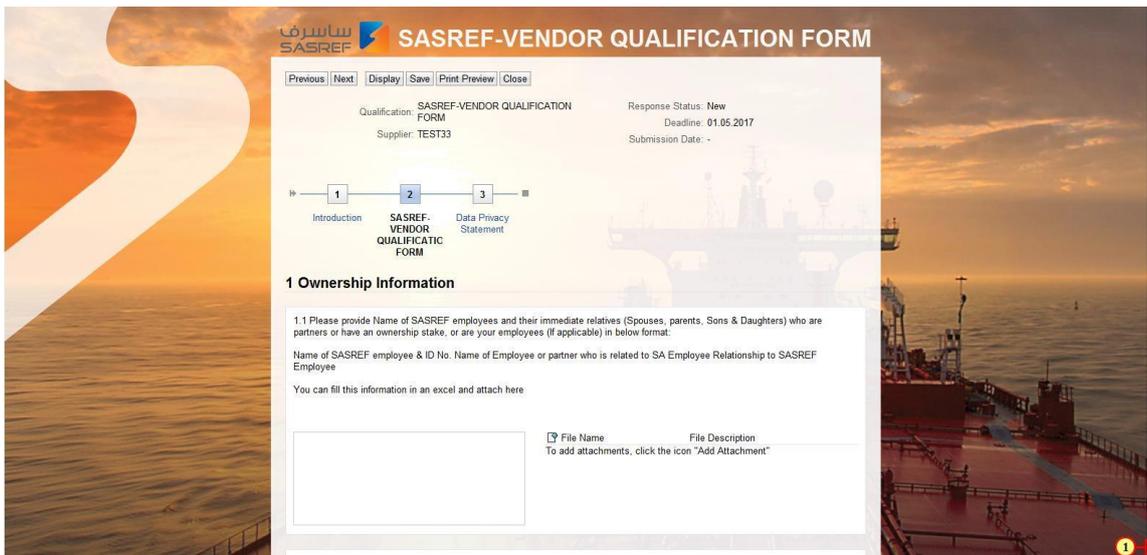


(1) Click **New** 

1.1.2. New - SAP NetWeaver Portal - Internet Explorer



(1) Click **SASREF-VENDOR QUALIFICATION FORM**.



(2) The Questionair will appear with several questions. Mandatory ones are going to be labeled with a red star and the questionair can not be submitted without answering them

1 Introduction 2 **SASREF-VENDOR QUALIFICATION FORM** 3 Data Privacy Statement

1 Ownership Information

1.1 Please provide Name of SASREF employees and their immediate relatives (Spouses, parents, Sons & Daughters) who are partners or have an ownership stake, or are your employees (if applicable) in below format:
 Name of SASREF employee & ID No. Name of Employee or partner who is related to SA Employee Relationship to SASREF Employee
 You can fill this information in an excel and attach here

NOT APPLICABLE File Name File Description
 To add attachments, click the icon "Add Attachment"

*1.2 Provide names of your company's major shareholders or partners, percent of share, nationality and national ID or Iqama No. Please attach an official letter endorsed by the chamber of commerce stating the owners and their national IDs/Iqama

YOU SHALL WRITE HERE THE NAMES OF YOUR COMPANY OWNERS AND THEIR ID NUMBERS AND ATTACH A COPY OF THAT IN A LETTER STAMPED BY THE CHAMBER OF COMMERCE FOR SAUDI COMPANIES. FOR FOREIGN COMPANIES PLEASE ATTACH THE NAMES AND IDS ONLY File Name* File Description
 To add attachments, click the icon "Add Attachment"

(3) Attache the chamber of commerce certificate that contains the names of your organization owners along with their national ID numbers. For forign companies, you can only attach their names and ID copies

1 Introduction 2 **SASREF-VENDOR QUALIFICATION FORM** 3 Data Privacy Statement

1 Ownership Information

1.1 Please provide Name of SASREF employees and their immediate relatives (Spouses, parents, Sons & Daughters) who are partners or have an ownership stake, or are your employees (if applicable) in below format:
 Name of SASREF employee & ID No. Name of Employee or partner who is related to SA Employee Relationship to SASREF Employee
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2 HEALTH, SAFETY & ENVIRONMENT

(*) Scroll down the page to answer the remaining questions in this form

SQ WORK INSTRUCTIONS



name of ذائعفء employee & اء no. name of employee or partner who is related to ذائعفء relationship to ذائعفء Employee

You can fill this information in an excel and attach here

NOT APPLICABLE

📎 File Name
File Description

To add attachments, click the icon "Add Attachment"

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📎 File Name*
File Description

To add attachments, click the icon "Add Attachment"

2 HEALTH, SAFETY & ENVIRONMENT

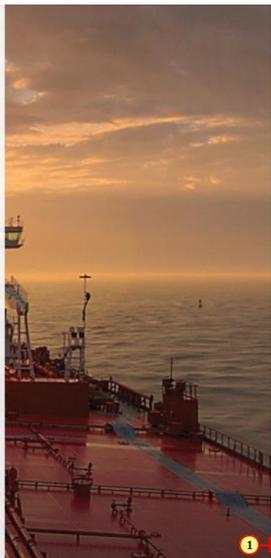
2.1 Do you have a written Company Safety Procedure/Loss Prevention programs and policy statement and if so, attach copies.

Yes
 No
 Not Applicable

📎 File Name
File Description

To add attachments, click the icon "Add Attachment"

2.2 In the event of you planning to use sub-contractors on SASREF related contracts, what specifically are your safety-related policies



(* Please note that the questions without a mandatory red star should be answered unless it is really not applicable to your company



COMPANY OWNERS AND THEIR ID NUMBERS AND ATTACH A COPY OF THAT IN A LETTER STAMPED BY THE CHAMBER OF COMMERCE FOR SAUDI COMPANIES - FOR FOREIGN COMPANIES PLEASE ATTACH THE NAMES ANDIDS ONLY

📎 File Name
File Description

To add attachments, click the icon "Add Attachment"

2 HEALTH, SAFETY & ENVIRONMENT

2.1 Do you have a written Company Safety Procedure/Loss Prevention programs and policy statement and if so, attach copies.

Yes
 No
 Not Applicable

📎 File Name
File Description

To add attachments, click the icon "Add Attachment"

2.2 In the event of you planning to use sub-contractors on SASREF related contracts: what specifically are your safety-related policies and procedures for managing these sub-contractors in order to meet the same expectations that SASREF has of you (in terms of meeting and complying with Safety Policies, Plans, Standards, Procedures and Safe Work Practices) ?

2.3 Which national or international safety rules and regulations is your safety procedure based on or does your company comply with?



(* Scroll down the page to answer the remaining questions in this form then click on Submit once the end of the questionair is reached.

(1) In section 3. Legal Documents. It is Mandatory to select YES for only Saudi companies & enter the GREGORIAN expiry date that is equevilant to the HIJRI date



2017-05-08

4



WURD.

RESTRICTED WORKDAY CASE – RWC- Any occupational injury or illness which prevents a person on any sub shift of work from doing a significant part of his normal duties.

MEDICAL TREATMENT CASE – MTC - Any occupational injury requiring treatment by qualified medical personn first aid.

FIRST AID CASE - FAC - Any occupational injury requiring basic first aid treatment.

3 LEGAL DOCUMENTS AVAILABILITY & VALIDITY

*3.1 Please enclose copies of the following Certificates:
Commercial Registration*

- Yes
- No

Valid To:  Never Expires

Issued By:

 File Name  File Description
To add attachments, click the icon "Add Attachment"

Continue answering the questions until section 11 then click on next, then submit the form

