

SUPPLIER ACCREDITATION FORM

Procurement Department – Eastern Coast Group of Companies

A. COMPANY GENERAL INFORMATION

Registered Company Name:	
Trading Name (if different):	
Date Established:	
Country of Registration:	
Main Office Address:	
Warehouse Address:	
Landline Number:	
Mobile Number:	
Email Address:	
Website:	
Social Media Pages:	

B. OWNERSHIP & MANAGEMENT INFORMATION

Company Owner(s):	
Owner Nationality:	
Authorized Representative:	
Position:	
Contact Number:	
Email Address:	

Power of Attorney (if applicable):	
---------------------------------------	--

C. TYPE OF BUSINESS ORGANIZATION

Sole Proprietorship	<input type="checkbox"/>
Partnership	<input type="checkbox"/>
Corporation	<input type="checkbox"/>
Cooperative	<input type="checkbox"/>
Distributor/Dealer	<input type="checkbox"/>
Exclusive Agent	<input type="checkbox"/>
Franchise	<input type="checkbox"/>
Government Entity	<input type="checkbox"/>
Others (specify)	<input type="checkbox"/>

D. TYPE OF BUSINESS OPERATION

Manufacturing	<input type="checkbox"/>
Trading & Merchandising	<input type="checkbox"/>
Distribution & Dealership	<input type="checkbox"/>
Service Provider	<input type="checkbox"/>
Agriculture	<input type="checkbox"/>
Importer/Exporter	<input type="checkbox"/>
EPC Contractor	<input type="checkbox"/>
Maintenance & Operation	<input type="checkbox"/>
Others (specify)	<input type="checkbox"/>

E. BUSINESS CERTIFICATES (attach copies)

Certificate	Certificate No.	Date Issued	Date Expired
Commercial Registration			
Chamber of Commerce Certificate			
Municipality License			
VAT Registration			
Zakat/Tax Certificate			
Saudization (Nitaqat) Certificate			
ISO Certifications			
Safety Certifications			
Environmental Certifications			
Bank Certificate			
Others			

F. PRODUCT / SERVICE LINES

G. CLIENT REFERENCES & TRACK RECORD

Client Name	Project / PO Reference	Years of Relationship	Contact Person & Number

H. FINANCIAL INFORMATION

Equity:	
Total Assets:	
Total Liabilities:	
Annual Revenue:	
Credit Facility Limit:	
Bank Name:	
IBAN:	
Financial Statements (attach latest 2–3 years):	

I. OPERATIONAL CAPACITY

Number of Employees:	
Technical Staff Count:	
Warehouse Size:	
Fleet (delivery vehicles):	
Production Capacity (if manufacturer):	

After-Sales / Service Capability:	
-----------------------------------	--

J. COMPLIANCE & LEGAL REQUIREMENTS

Anti-Bribery Compliance	<input type="checkbox"/>
Conflict of Interest Declaration	<input type="checkbox"/>
Data Privacy Compliance	<input type="checkbox"/>
Acceptance of ECG Procurement Code of Ethics	<input type="checkbox"/>
Not Blacklisted by any Government/Client	<input type="checkbox"/>

K. QUALITY CONTROL DETAILS

ISO Quality Certifications:	
Inspection & Testing Procedures:	
Warranty Policies:	
Return / Repair Processing Time:	

L. HEALTH, SAFETY & ENVIRONMENTAL COMPLIANCE

HSE Manual:	
Safety Training Certifications:	
PPE Compliance:	
Incident Reporting System:	
Environmental Practices:	

M. DECLARATION & CONFORMITY

Code of Ethics Compliance Declaration

1. I/We hereby certify that we have read, understood, and fully agree to comply with the ECG Procurement Code of Ethics.
2. We confirm that no gifts, payments, commissions, entertainment, or other personal benefits have been offered or will be offered to any ECG employee or representative.
3. We confirm that we have no personal or financial relationship with any ECG employee or representative. If such a relationship exists or arises, we commit to disclose it immediately.
4. We affirm that all bids, quotations, invoices, and supporting documents submitted to ECG are accurate, authentic, and free of fraudulent, misleading, or deceptive practices.
5. We commit to maintaining strict confidentiality of all ECG documents, commercial terms, tender details, and internal information.
6. We confirm that we will not participate in collusion, price-fixing, or unfair competitive practices, and we will always compete fairly and transparently.
7. We acknowledge ECG's right to audit or inspect our documents to verify compliance with this Code of Ethics.
8. We understand that violation of this Code may result in disqualification, blacklisting, or termination of ongoing contracts.

NAME OF AUTHORIZED PERSON:	
POSITION:	
SIGNATURE:	
DATE:	
STAMP:	