



NUPCO SRM - RoS Enhancement Project
Training Manual - Registration of Supplier (RoS) – Process

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Review -ICT

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Revision History

Version	Date	Description	Changed By
1.0	01 August 2017	Business user training Manual – Registration of Supplier (RoS) draft	Saravanakkumar Shanmugam
1.1	21 August 2017	Business user training Manual – Registration of Supplier (RoS) V1.1	Saravanakkumar Shanmugam
1.2	5 November 2017	Business user training Manual – Registration of Supplier (RoS) V1.2	Talal AlSubhi / Saravanakkumar Shanmugam



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1.Introduction

New Suppliers need not to fill up the forms and just send the official email request to contact the buyers directly for Registration of Supplier (ROS) process.

Medical vendors can supply Pharma, Medical Supply, Medical Equipment, and Medical furniture items using / participating thru tendering process, for which online supplier registration process is mandatory to get the online form sending official request to Medical Team Email id - Medical.registraion@nupco.com

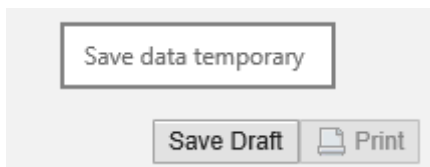
Non-medical vendors can supply Non-Medical products or services for Non-medical purchase to NUPCO for which online supplier registration process is mandatory to get the online form sending official request to Non-Medical Team Email id - Vendor.registration@nupco.com

Note:

System will allow to save partial information using save draft button.

While registering online supplier can save partial information entering the Commercial Registration (CR) number and same details can be retrieved using CR number and activity will be continued for completion.

Whatever manually typed / entered information will be stored in the system, some information selected from input may not be saved including attachment, better verify once and continue further.





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2.Purpose of this document

The purpose of this document is to provide the guidance how to use the Registration of Supplier (RoS) by Suppliers.

Training Goals:

This training manual will be prepared to:

- Explain RoS overview
- Explain RoS online form process
- Explain RoS Mandatory details
- Explain RoS attachment details
- Explain RoS FAQ

Training Objectives:

After completing this unit, user will be able to:

- Understand RoS overview
- Perform RoS online form process
- Perform RoS Mandatory details
- Perform RoS attachment details
- Understand RoS FAQ



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3. Overview

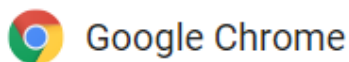
Browser Information:

The best way to use this application either Internet explorer 11 or Google chrome browser as mentioned below versions. Other browsers also may support but not sure.

About Internet Explorer



Version: 11.1593.14393.0



Google Chrome is up to date
Version 60.0.3112.101 (Official Build) (64-bit)

Technical Settings for Internet Explorer (IE)

In the IE, go to Tools->internet options

Click on Security Tab and the click Trusted site zone

Click on custom level Button, Security settings window opens up, maintain following the values for below parameters

Allow Scriptlets	Enable
Automatic prompting for ActiveX controls	Enable
Binary and script behaviours	Enable
Download signed ActiveX	Enable
Download unsigned ActiveX	Enable
Initialize and script ActiveX controls not marked as safe	Enable
Run ActiveX controls and plug-in	Enable
Script ActiveX controls marked safe for scripting	Enable
Use Pop-up Blocker	Disable



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Email Notification:

Upon receiving email from NUPCO, New suppliers interested to do business with NUPCO has to fill up the Supplier Self-Registration form with the following Inputs. Before filling the form, below mentioned information should be readily available with the supplier

Subject Invitation to Supplier Self-Registration

Dear supplier,

We would like to invite you to register yourself as a potential supplier in supplier self-services. Please use the enclosed URL for online registration. After you have registered, you will receive an e-mail asking you to complete your supplier profile and fill out product categories one or more, depending on the account group you have selected in the registration form link.

In the registration link, wherever E-mail id requested Please use the official Email ID .Personnel E-mail id will not be accepted same will be disqualified.

Best regards,
Vendor Registration Team
NUPCO

Use the URL below to navigate to the supplier self-registration page.

Logon: <<https://ros.nupco.com>>

This e-mail has been generated automatically. Please do not reply.



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Documents readiness list before filling Registration form:

Details	Details & Documents readily required to fill the form
General Company Information	CR number, Email id, Address, and communication details
Contact Person Information	Name, Email id, Address, and communication details
Additional Contact Person Information (optional)	Name, Email id, Address, and communication details
Additional Contact Person Information (optional)	Name, Email id, Address, and communication details
Submitter Information	Name, Email id, Address, and communication details
Account Correspondence	Name, Email id, national id /iqama, and communication details
Bank Details	Bank account number, IBAN and account holder details
Attachment list	As mentioned below Table
Attachment download URL: https://ros.nupco.com	Please download from Data Privacy Statement section and upload in attachment section with signature & stamp for all pages of NUPCO Supplier Pre-Qualification Policies NUPCO Supplier Audit Check List

Table: Details and document readiness

Sl.No	Attachment types	Medical Domestic Vendor	Medical Foreign Vendor	Non Medical Domestic Vendor	Non Medical Foreign Vendor
1	Copy of Valid Commerical Registration	X		X	X
2	Subscription of the chamber of commerce	X			
3	Agency Certificate authority	X			
4	Saudi Food and Drugs Authority (SFDA) Certificate	X			
5	Copy of zakat and income tax certificate	X			
6	Gosi Certificate	X			
7	Saudization Certificate	X			
8	Previous PO/contract copy from Saudi Govt	X	X		
9	Office letter for bank a/c with chamber of commerce attestation	X	X	X	X
10	Payment collector - national id/iqama & attachment	X	X	X	X
11	NUPCO Non disclosure agreement				
12	NUPCO Supplier pre qualification Policies	X	X	X	X
13	NUPCO Supplier Audit checklist	X	X	X	X
14	Good Manufacturing Practice(GMP)				
15	Others				

Table: Attachment list with reference to account group

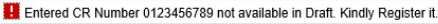


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4. General Company Information:

This is section mandatory to fill the information about general company details.

Enter the data that which is marked in Asterisk * or mentioned as Required

Input Field name	User action and values	Descriptions	Required/ Optional/ Check	Validation and Conditions
Company Name	Training and Test medical company	Enter Company name	R	
Commercial Reg No	0123456789	Enter Valid Commercial Registration number	R	Enter the number and click the Submit button  System will allow register the number.
* Language:	EN	Enter Language	R	Defaulted as English

Address

Input Field name	User action and values	Descriptions	Require d/Optional/Check	Validation and Conditions
* Country:	SA	Click highlighted icon and search and choose country 	R	



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		<p>Search: Country</p> <p>Results List: 246 results found for Country</p> <table border="1"> <thead> <tr> <th>Country</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>SA</td> <td>Saudi Arabia</td> </tr> </tbody> </table>	Country	Name	SA	Saudi Arabia		
Country	Name							
SA	Saudi Arabia							
Region:	0001	<p>Click highlighted icon and search and choose Region</p>	O					
District:	Al Wurud	Enter District	O					
* Postal Code / City:	12251 /Riyadh	Enter Postal Code / City	R					
Street/House Number:	Al Olaya/ 6313	Enter Street/House Number:	O					
Building/Floor/Room:	1 / 3 /	Enter Building/Floor/Room	O					

PO Box Address






Input Field name	User action and values	Descriptions	Required/ Optional/ Check	Validation and Conditions
PO Box:	2721	Enter PO box	O	

Communication




Input Field name	User action and values	Descriptions	Required/ Optional/ Check	Validation and Conditions
* Phone Number:	920018184 /	Enter Phone number	R	Phone Number and



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	123			extension number
Fax Number:	114196543 / 456	Enter Fax Number	O	Fax Number and extension number
* E-Mail Address:	TTteam01@ Trainingand Testmedical. com	Enter E mail address  And click  Press button to check email	R	 Press button for help Please use the official one Email ID, which was initially used and sent mail to NUPCO for registration request. Email id is case sensitive Other Email id is not valid for registration and system will not accept the same 
* Mobile Number:	5999999999	Enter Mobile Number:	R	
Website:	www.Trainin gandTestme dical.com	Enter Website	O	 Press button for help

General Company Information Save Draft Print

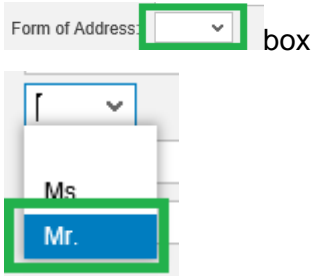
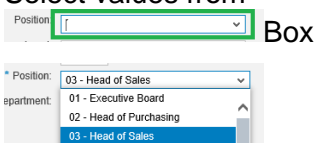
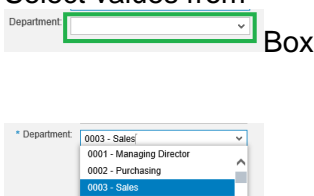
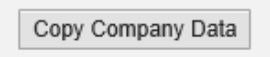

<p>* Company Name: <input type="text" value="Training and Test medical company"/></p> <p>* Commercial Reg No: <input type="text" value="0123456789"/> <input type="button" value="Submit"/></p> <p>* Language: <input type="text" value="EN"/></p> <p>Address</p> <p>* Country: <input type="text" value="SA"/> <input type="button" value=""/></p> <p>Region: <input type="text" value="001"/> <input type="button" value=""/></p> <p>District: <input type="text" value="Al Wurud"/></p> <p>* Postal Code / City: <input type="text" value="12251"/> <input type="text" value="Riyadh"/></p> <p>Street/House Number: <input type="text" value="Al Olaya"/> <input type="text" value="6313"/></p> <p>Building/Floor/Room: <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value=""/></p>	<p>PO Box Address</p> <p>PO Box: <input type="text" value="2721"/></p> <p>Communication</p> <p>* Phone Number: <input type="text" value="966 9200 18184"/> <input type="text" value="123"/></p> <p>Fax Number: <input type="text" value="966 11 4196543"/> <input type="text" value="456"/></p> <p>* E-Mail Address: <input type="text" value="TTteam01@TrainingandTestmedical.com"/>  </p> <p>* Mobile Number: <input type="text" value="0599999999"/></p> <p>Website: <input type="text" value="www.TrainingandTestmedical.com"/> </p>
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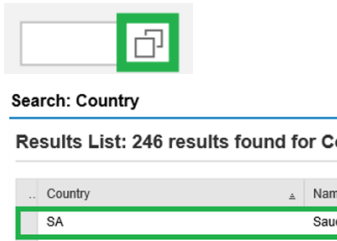
5.Contact Person Information

This is section mandatory to fill the information about contact person information


Input Field name	User action and values	Descriptions	Required/ Optional/C heck	Validation and Conditions
* First Name:	Avul Pakir Jainulabdeen	Enter First Name:	R	
* Last Name:	Abdul Kalam	Enter Last Name:	R	
* Form of Address:	Mr.	Select values from Form of Address:  box	R	
* Position:	'03 – Head of sales	Select values from Position:  Box	R	
* Department:	'0003-Sales	Select values from Department:  Box	R	
				If Click copy company data button Phone number, Fax number, Email address, country and mobile number will be copied from company data-Communication Or System will allow to enter



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				the details manually also.
*Phone Number:	920018184 / 231	Enter Phone Number:	R	
Fax Number:	114196543 / 567	Enter Fax Number:	O	
* E-Mail Address:	TTteam02@TrainingandTestmedical.com	Enter E-Mail Address:	R	
* Language:	EN		R	Defaulted as English
* Country:	SA	Click highlighted icon and search and choose country 	R	
* Mobile Number:	5999999999	Enter Mobile Number:	R	

Contact Person Information

<p>* First Name: <input type="text" value="Avul Pakir Jainulabdeen"/></p> <p>* Last Name: <input type="text" value="Abdul Kalam"/></p> <p>* Form of Address: <input type="text" value="Mr."/> ▾</p> <p>* Position: <input type="text" value="03 - Head of Sales"/> ▾</p> <p>* Department: <input type="text" value="0003 - Sales"/> ▾</p>	<p>Copy Company Data</p>	<p>* Phone Number: <input type="text" value="920018184"/> <input type="text" value="231"/></p> <p>Fax Number: <input type="text" value="114196543"/> <input type="text" value="567"/></p> <p>* E-Mail Address: <input type="text" value="TTteam02@TrainingandTestmedical.com"/></p> <p>* Language: <input type="text" value="EN"/></p> <p>* Country: <input type="text" value="SA"/> </p> <p>* Mobile Number: <input type="text" value="5999999999"/></p>
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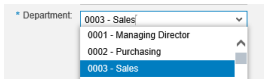
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6. Additional Contact Person Information (1)

This is section optional to fill the information about additional contact person information

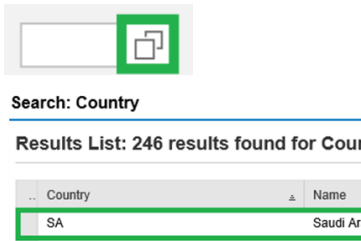
Expand tray

Additional Contact Person Information


First Name:	Maulana abul kalam azad	Enter First Name	○	
Last Name:	Kalam azad	Enter Last Name:	○	
Form of Address:	Mr.	Select values from Form of Address: <input type="text" value="Form of Address"/> box 	○	
Position:	10- Marketing manager	Select values from Position: <input type="text" value="Position"/> Box 	○	
Department:	'0003- Sales	Select values from Department: <input type="text" value="Department"/> Box 	○	
<input type="button" value="Copy Company Data"/>				If Click copy company data button Phone number, Fax number, Email address, country and mobile number will be copied from company data-Communication



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				Or System will allow to enter the details manually also.
Phone Number:	92001818 4 / 232	Enter Phone Number:	<input type="radio"/>	
Fax Number:	11419654 3 / 568	Enter Fax Number:	<input type="radio"/>	
E-Mail Address:	TTteam03@TrainingandTestmedical.com	Enter E-Mail Address:	<input type="radio"/>	
Language:	EN		<input type="radio"/>	Defaulted as English
Country:	SA	Click highlighted icon and search and choose country 	<input type="radio"/>	
Mobile Number:	59999999 97	Enter Mobile Number:	<input type="radio"/>	

Additional Contact Person Information

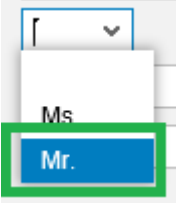

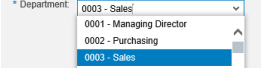

First Name: <input type="text" value="Maulana abul"/> Last Name: <input type="text" value="Kalam azad"/> Form of Address: <input type="text" value="Mr."/> Position: <input type="text" value="10 - Marketing Manager"/> Department: <input type="text" value="0003 - Sales"/>		<input type="button" value="Copy Company Data"/> Phone Number: <input type="text" value="92001818"/> <input type="text" value="232"/> Fax Number: <input type="text" value="114196543"/> <input type="text" value="568"/> E-Mail Address: <input type="text" value="TTteam03@TrainingandTestmedical.com"/> Language: <input type="text" value="EN"/> Country: <input type="text" value="SA"/>  Mobile Number: <input type="text" value="599999997"/>	
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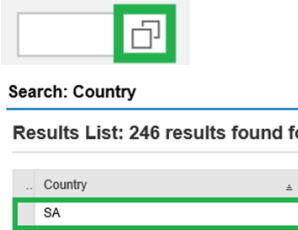
7. Additional Contact Person Information (2)

This is section optional to fill the information about additional contact person information

First Name:	Zakir Hussain	Enter First Name	O	
Last Name:	Qureshi	Enter Last Name:	O	
Form of Address:	Mr.	Select values from Form of Address: <input style="border: 1px solid green;" type="text" value="Mr."/> b OX 	O	
Position:	10- Marketing manager	Select values from Position: <input style="border: 1px solid green;" type="text" value="10 - Marketing Manager"/> B OX 	O	
Department:	'0003- Sales	Select values from Department: <input style="border: 1px solid green;" type="text" value="0003 - Sales"/> B OX 	O	
<input type="button" value="Copy Company Data"/>				<p>If Click copy company data button Phone number, Fax number, Email address, country and mobile number will be copied from company data-Communication</p> <p>Or</p> <p>System will allow to enter the details manually also.</p>



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Phone Number:	92001818 4 / 233	Enter Phone Number:	O	
Fax Number:	11419654 3 / 569	Enter Fax Number:	O	
E-Mail Address:	TTteam04 @Training andTestm edical.com	Enter E-Mail Address:	O	
Language:	EN		O	Defaulted as English
Country:	SA	Click highlighted icon and search and choose country 	O	
Mobile Number:	59999999 96	Enter Mobile Number:	O	

Additional Contact Person Information

Copy Company Data

First Name:

Last Name:

Form of Address: ▾

Position: ▾


Department: ▾

Phone Number:

Fax Number:

E-Mail Address:

Language:

Country: 

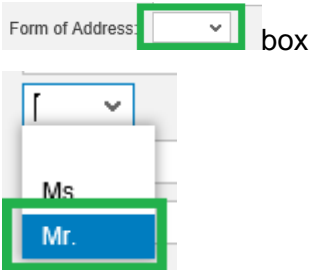


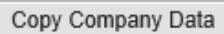

Mobile Number:



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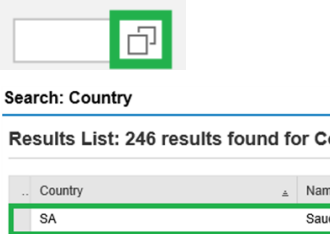
8.Submitter Information

This is section mandatory to fill the information about submitter information


Input Field name	User action and values	Descriptions	Required/Optional/Check	Validation and Conditions
* First Name:	Fakhruddin Ali	Enter First Name:	R	
* Last Name:	Ahmed	Enter Last Name:	R	
* Form of Address:	Mr.	Select values from Form of Address:  box	R	
* Position:	07- Personnel Assistant	Select values from Position:  Box	R	
* Department:	000-Sales	Select values from Department:  Box	R	
				If Click copy company data button Phone number, Fax number, Email address, country and mobile number will be copied from company data-Communication Or System will allow to enter the details manually also.
* Phone Number:	920018184	Enter Phone Number:	R	



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	/ 234			
Fax Number:	114196543 / 570	Enter Fax Number:	O	
* E-Mail Address:	TTteam04 @Traininga ndTestmedi cal.com	Enter E-Mail Address:	R	
* Language:	EN		R	Defaulted as English
* Country:	SA	Click highlighted icon and search and choose country 	R	
* Mobile Number:	599999999 5	Enter Mobile Number:	R	

Submitter Information

<p>* First Name: <input type="text" value="Fakhruddin Ali"/></p> <p>* Last Name: <input type="text" value="Ahmed"/></p> <p>* Form of Address: <input type="text" value="Mr."/> ▾</p> <p>* Position: <input type="text" value="07 - Personal Assistant"/> ▾</p> <p>* Department: <input type="text" value="0003 - Sales"/> ▾</p>	<p><input type="button" value="Copy Company Data"/></p> <p>* Phone Number: <input type="text" value="920018184"/> <input type="text" value="234"/></p> <p>Fax Number: <input type="text" value="114196543"/> <input type="text" value="570"/></p> <p>* E-Mail Address: <input type="text" value="TTteam04@TrainingandTestmedical.com"/></p> <p>Language: <input type="text" value="EN"/></p> <p>* Country: <input type="text" value="SA"/> </p> <p>* Mobile Number: <input type="text" value="5999999995"/></p>
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9. Vendor Type

This is section mandatory to choose at least one vendor type

Input Field name	User action and values	Descriptions	Required/Optional/Check	Validation and Conditions
Manufacturer:	Ticked <input checked="" type="checkbox"/>	Tick <input type="checkbox"/> check box if applicable	R	
Contractor:		Tick <input type="checkbox"/> check box if applicable	R	
Trader:		Tick <input type="checkbox"/> check box if applicable	R	
Agent:		Tick <input type="checkbox"/> check box if applicable	R	
Others:		Tick <input type="checkbox"/> check box if applicable	R	

Vendor Type

Manufacturer: Contractor: Trader: Agent: Others:



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10.Account Group

This is section mandatory to choose at least one account group. This is very important step, based on account group selection attachment list should be furnished in the attachment section.

Input Field name	User action and values	Descriptions	Required/Optional/Check	Validation and Conditions
Medical Domestic Vendor	<input checked="" type="radio"/>	Choose <input type="radio"/> Radio box if applicable	R	
Medical Foreign Vendor		Choose <input type="radio"/> Radio box if applicable	R	
Non-Medical Domestic Vendor		Choose <input type="radio"/> Radio box if applicable	R	
Non-Medical Foreign Vendor		Choose <input type="radio"/> Radio box if applicable	R	

Account Group

Medical Domestic Vendor
 Medical Foreign Vendor
 Non Medical Domestic Vendor
 Non Medical Foreign Vendor



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11.Product Category

This is section mandatory to choose at least one product category.

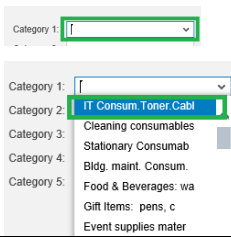
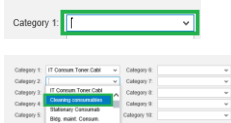
If Medical Domestic Vendor or Medical Foreign Vendor account group selected, following any one product category must be ticked.

Input Field name	User action and values	Descriptions	Required/ Optional/ Check	Validation and Conditions
Pharma	<input checked="" type="checkbox"/>	Tick <input type="checkbox"/> check box if applicable	R/O	
Medical Supply	<input checked="" type="checkbox"/>	Tick <input type="checkbox"/> check box if applicable	R/O	
Medical Equipment		Tick <input type="checkbox"/> check box if applicable	R/O	
Medical Furniture		Tick <input type="checkbox"/> check box if applicable	R/O	



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If Non-Medical Domestic Vendor Or Non-Medical Foreign Vendor selected account group selected following any one product category must be selected..

Input Field name	User action and values	Descriptions	Required/Optional/Check	Validation and Conditions
Category1	IT Consum. toner cable	Select values from 	R/O	
Category2	Cleaning consumables	Select values from 	R/O	



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12.Account Correspondence

This is section mandatory to fill the information about account correspondence.

Input Field name	User action and values	Descriptions	Required/ Optional/ Check	Validation and Conditions
* Clerk Vendor Name:	ABDULLAH AHMED	Enter Clerk Vendor Name	R	
* National Id/ Iqama No:	2000000000	Enter National Id/ Iqama No	R	
* Clerk E-Mail Number:	TTteam05@TrainingandTestmedical.com	Enter Clerk E-Mail Number	R	
* Clerk Telephone No:	920018184 / 235	Enter Clerk Telephone No	R	
Clerk Fax Number:	114196543 / 571	Enter Clerk Fax Number	O	

Account Correspondence

* Clerk Vendor Name:	<input type="text" value="ABDULLAH AHMED"/>	* Clerk Telephone No:	<input type="text" value="920018184"/>	<input type="text" value="235"/>
* National Id/ Iqama No:	<input type="text" value="2000000000"/>	Clerk Fax Number:	<input type="text" value="114196543"/>	<input type="text" value="571"/>
* Clerk E-Mail Number:	<input type="text" value="TTteam05@TrainingandTestmedical.com"/>			



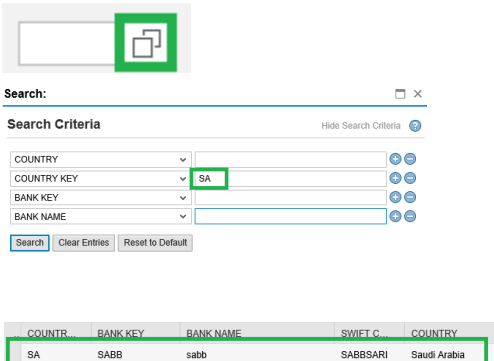
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13. Bank Details

This is section mandatory to fill the information about Bank details, Please read the help menu .





Example mentioned below table and screen shots for account group domestic medical group or domestic nonmedical group



Input Field name	User action and values	Descriptions	Require d/Optional/Check	Validation and Conditions
Country	SA	Click highlighted icon and search and choose country 	R	
Bank Key		Select from the list after search	R	
Bank name		Select from the list after search	R	
Swift code		Select from the list after search	R	
Bank Account	2180468639901	Enter Bank Account	R	
Account Holder	Training and Test medical company	Enter Account Holder	R	
IBAN	SA2820000002180468639901	Enter IBAN	R	
Currency	SAR	Select from the list	R	



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		<p>Currency</p> <p><input type="text"/> </p> <p>Search: partner bank type</p> <p>Results List: 6 results found for partner bank type</p> <table border="1"><thead><tr><th>Part. Bank</th><th>Short Descript.</th></tr></thead><tbody><tr><td>SAR</td><td>Saudi Arabian Riyal</td></tr></tbody></table>	Part. Bank	Short Descript.	SAR	Saudi Arabian Riyal		
Part. Bank	Short Descript.							
SAR	Saudi Arabian Riyal							

Bank Details 

Country	Bank Key	Bank name	Swift code	Bank Account	Account Holder	IBAN	Currency
SA 	SABB	sabb	SABBSARI	2180468639901	TRAININGANDTEST MEDICALCO	SA2820000002180468639901	SAR 

Note: Bank details mandatory fields may differ based on account group.



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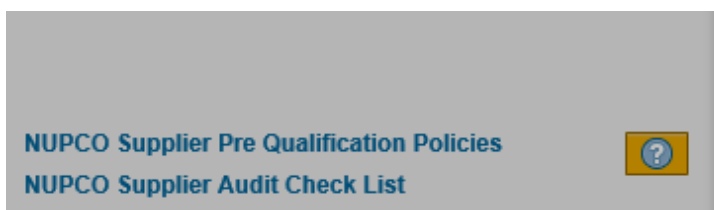
14.Attachment

This section is mandatory to upload the attachment lists.

Sl.No	Attachment types	Medical Domestic Vendor	Medical Foreign Vendor	Non Medical Domestic Vendor	Non Medical Foreign Vendor
1	Copy of Valid Commerical Registration	X		X	X
2	Subscription of the chamber of commerce	X			
3	Agency Certificate authority	X			
4	Saudi Food and Drugs Authority (SFDA) Certificate	X			
5	Copy of zakat and income tax certificate	X			
6	Gosi Certificate	X			
7	Saudization Certificate	X			
8	Previous PO/contract copy from Saudi Govt	X	X		
9	Office letter for bank a/c with chamber of commerce attestation	X	X	X	X
10	Payment collector - national id/iqama & attachment	X	X	X	X
11	NUPCO Non disclosure agreement				
12	NUPCO Supplier pre qualification Policies	X	X	X	X
13	NUPCO Supplier Audit checklist	X	X	X	X
14	Good Manufacturing Practice(GMP)				
15	Others				

Table: Attachment list with reference to account group

Please download NUPCO Supplier Qualification policies and Supplier Audit check list and upload as attachment with details and signature & stamp for all pages



Help

Please download and upload as attachment with details and signature & stamp for all pages

Input Field name	User action and values	Descriptions	Required/ Optional/ Check	Validation and Conditions
Add attachment		Press button to add attachment	R	Once add below screen will get displayed with details
Delete		Press Delete button to delete attachment	O	Once delete below screen will get deleted with details



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Before Upload:

File Name	Issue Date - Expiry Date	Certification Number

Attachment

File Name	Issue Date - Expiry Date	Certification Number
-----------	--------------------------	----------------------

Click browse button, upload and save the attachment finally click the ok button.

Add Attachment

SL.No	File Name	Required	Date of Issue	Date of Expiry	Certificate Number	File	File type
01	Copy of Valid Commerical Registration	X				<input type="text"/> <input type="button" value="Browse..."/>	
02	Subscription of the chamber of commerce	X				<input type="text"/> <input type="button" value="Browse..."/>	
03	Agency Certificate authority	X				<input type="text"/> <input type="button" value="Browse..."/>	
04	Saudi Food and Drugs Authority (SFDA) Certificate .	X				<input type="text"/> <input type="button" value="Browse..."/>	
05	Copy of zakat and income tax certificate	X				<input type="text"/> <input type="button" value="Browse..."/>	
06	Gosi Certificate	X				<input type="text"/> <input type="button" value="Browse..."/>	
07	Saudization Certificate	X				<input type="text"/> <input type="button" value="Browse..."/>	
08	Previous PO/contract copy from Saudi Govt	X				<input type="text"/> <input type="button" value="Browse..."/>	
09	Office letter for bank a/c with chamber of commerce attestation	X				<input type="text"/> <input type="button" value="Browse..."/>	
10	Payment collector - national id/iqama & attachment	X				<input type="text"/> <input type="button" value="Browse..."/>	
11	NUPCO Non disclosure agreement					<input type="text"/> <input type="button" value="Browse..."/>	
12	NUPCO Supplier pre qualification Policies	X				<input type="text"/> <input type="button" value="Browse..."/>	
13	NUPCO Supplier Audit checklist	X				<input type="text"/> <input type="button" value="Browse..."/>	
14	Good Manufacturing Practice(GMP)					<input type="text"/> <input type="button" value="Browse..."/>	
15	Others					<input type="text"/> <input type="button" value="Browse..."/>	



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After Upload:

Attachment

File Name	Issue Date - Expiry Date	Certification Number
Copy of valid commercial registration.		
Subscription of the chamber of commerce.		
Agency certificate authorized representatives from SFDA		
Saudi Food and Drugs Authority (SFDA) Certificate		
Copy of Zakat and income Tax Certificate.		
GOSI certificate		
Saudization certificate.		
Previous PO/contract copy from Saudi Govt		
Office letter for bank a/c with chamber commerce attestation		
Payment collector - national id/iqama & attachment		
Nupco Supplier pre qualification Policy		
Nupco Supplier audit check list		
Goods Manufacturing Practice		



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15. Data Privacy Statement

This is section mandatory to tick the check box after reading the data privacy statement.

Upon check box tick mark only, send button will be enabled.

Data Privacy Statement

* Yes, I have read the data privacy statement and accept the terms:

We would like to thank you for your interest in registering with NUPCO
Please take a few minutes to complete the form linked to this page to
Register your business. Kindly note the following:

The registration of your company will be considered once it has been
deemed that your company meets the NUPCO requirements and due
completion of the registration form along with the required supporting
documentation.

NUPCO reserves the right to; request additional information from your
company from time to time, to re-evaluate your registration at any point
in the process and to refuse the registration request without
explanation

I understand that the above request is only for Registration at NUPCO
to be potential supplier in future and not an assurance, promise or
offer that NUPCO will award business to us

The qualification process is a multi-step process and completing this
form does not mean that my company registered to NUPCO

I have read, understood and accept the NUPCO General Procurement &
Contracts Terms & Conditions

I am the submitter or contact person or I filled this form under the
supervision of the contact person. The contact person is an authorized
representative of my company.

I am responsible for entering truthful information and understand that
NUPCO would filter out .My company if i provided improper information on
purpose.

[NUPCO Supplier Pre Qualification Policies](#)

[NUPCO Supplier Audit Check List](#)





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16. Address

This is section provided information about NUPCO address details

Address

Please address all communication related to this registration form to purchase department.

1. For Medical team Email id - Medical.registraion@nupco.com
2. For Nonmedical team Email id - Vendor.registration@nupco.com

Building Number: 6313

Street: Al Ulaya

District: Al Wurud

City: Riyadh

Postal code: 12251

Additional Number: 2721

GPS Coordinates: 46.675085833, 24.7160829357

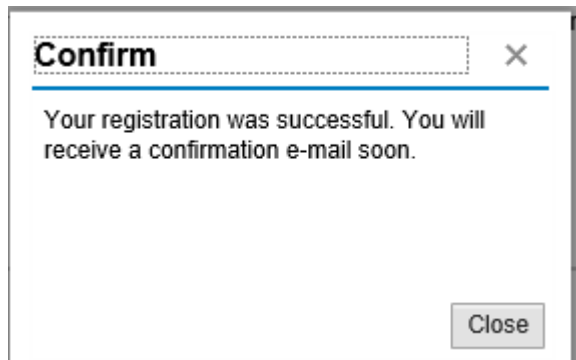
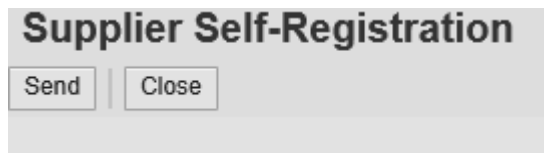


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17. Send

Once all details entered and click the send button, confirmation pop up will be appeared with successful message., with this Registration of Supplier (RoS) process completes from the supplier side.

Note: You may get error message with proper details, Just go thru message , fill and follow the information and again try to click the send button to complete the process.



18. Frequently Asked Questions-FAQ



1. What is Registration of Supplier (RoS)?

Registration of Supplier (RoS) is one of the Supplier relationship management (SRM) functionalities that allows interested supplier to self-register online, to become an approved NUPCO supplier. The online registration portal can be accessed after getting link from NUPCO. It is compulsory for all suppliers to self-register online, which goes through an application processing, before being approved as a NUPCO Supplier. Hence, the manual registration form is no longer applicable for any matter pertaining to supplier registration once RoS system is operational.

2. After I have completed the online registration and submitted all the required details and documentations, how long it will take for the approval process?

Upon receiving complete details and documentations, approval process may take maximum FIVE working days

3. While registering online, can I save the information and continue later?

Yes, While registering online supplier can save partial information entering the Commercial Registration (CR) number and same details can be retrieved using CR number and click submit button and activity will be continued for completion.

4. What are the mandatory supporting documents to be uploaded?

List of supporting attachment may differs based on account group, please refer the table attachment list with reference to account group - Medical Domestic Vendor, Medical Foreign Vendor, Non-Medical Domestic Vendor, and Non-Medical Foreign Vendor

5. How will I know that my registration is approved?

NUPCO will send email (English and Arabic email format) to notify that your application has been approved and NUPCO bank details will be shared to medical vendor for tendering deposit purpose. It is stressed here that the function of establishing your official corporate e-mail address is vital towards ensuring that only the authorized personnel in your company receives the bank details through this registered e-mail id in 'Address Details' in Online Registration Form.

In case of Non-medical vendor, NUPCO will send email (English and Arabic email format) to notify that your application has been approved.



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6. Is it possible to re-register again for rejected supplier?

Yes, it's possible to re-register again using same Commercial Registration number.
Please ensure all details and documents correctly entered.

7. What are the most common reasons for rejection Registration of Supplier form (Terms & condition of approval)?

The Supplier must ensure that the following items are met:

1. Attachment should be furnished properly
2. Attachment should have proper validity and authenticity
Mostly attachment required PDF format
3. Complete bank details
4. Details entered in RoS screen and proof scan copy of attachment should match
5. An official or corporate email id must be provided
6. Proper account group must be selected for medical and non- medical (Medical Domestic Vendor, Medical Foreign Vendor, On-Medical Domestic Vendor and Non-Medical Foreign Vendor)

8. What is the compatible browser for Registration of Supplier (RoS)

In general, the compatible browser is Internet Explorer 11 (11.1593.14393.0) and Google chrome Version 60.0.3112.101 or higher version

9. Is there any Setting that needs to be maintained in Internet Explorer?

Yes, Please Maintain the below settings in Internet Explorer(IE)

a. Delete browsing history on exit

Go to Tools → Internet Options General → Browsing history → Select 'Delete browsing history on exit'

b. Enable scripting

Go to Tools → Internet Options → Security → Custom level → Scripting → Select Enable Scripting

c. Turn off pop-up blocker

Goto Tools → Pop-up Blocker → Turn Off Pop-up Blocker

10. If I have further inquiries pertaining to online registration, whom should I contact?

1. For Medical Team Email id - Medical.registraion@nupco.com
2. For Nonmedical team Email id - Vendor.registration@nupco.com



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Thank you!