

Date:

Supplier Name: Address of Facility Audited: Telephone: Fax:	Type of Audit (Check one) <div style="text-align: center;"> <input type="checkbox"/> Supplier Self Audit <input type="checkbox"/> OFCO On-Site Audit </div> Audit Date <small>(For OFCO Use)</small>
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Trade License	Expiry Date
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Person name(s) completing this audit:

Name:	Title:	Phone:
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Contact Person (inside the company):

Name:	Title:	Phone:
Name:	Title:	Phone:

Supplier Products:

Number of years in business:	Approximate Annual Sales:
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Ownership:	Partnership	Government
Type:	Manufacturing	Trading
	Third Party Certifications	Workshop

Number of buildings:	Total square footage:	Total MFG square footage:
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Total Employees:	Production:	Engineering:
ISO Certified:	Yes	No
	Standard:	Issued By:

Sales:	Office:	Expiry date:
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VAT Registration Number:

Payment terms offered:

List top five customers:

Where is/would OFCO be on that list (i.e., percent of business):

COMMENTS:

ENCLOSURE (S) - Fill out the below and attach supporting documents

Reputed traders (of)

Approval (s)

ICV %	Self Certified Score	Audited Score
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Gatepass Copy	ESNAAD	RAFIQ / ADCO jetty
	Ruwais Port	Other port passes

BANK DETAILS

Beneficiary Name

Bank name

Bank Address

Account No.

IBAN No.

Swift Code

Name & Signature with date:

Company stamp:

Supplier Overall Audit Rating %