

Vendor Self Assessment Form

CONFIDENTIAL

Vendor Name : _____

If you would like to admit to our Approved Vendor List, please answer the below questions and calculate your total score achieved.		Score Achieved
Q. 1 - Q. 5 Company Particulars	1. Company Structure a) Government related organisations / publicly listed company or its subsidiary b) Private limited company c) Sole proprietorship / partnership	<input type="checkbox"/> 3 marks <input type="checkbox"/> 2 marks <input type="checkbox"/> 1 mark
	2. Length in Business a) Over 8 years b) 4 - 8 years c) 1 - 3 years d) Less than 1 year	<input type="checkbox"/> 3 marks <input type="checkbox"/> 2 marks <input type="checkbox"/> 1 mark <input type="checkbox"/> 0 mark
	3. Business Nature a) Multinational / manufacturer / sole agent / specialist / gov't approved contractor b) Authorised agent / distributor / reseller c) None of the above	<input type="checkbox"/> 3 marks <input type="checkbox"/> 2 marks <input type="checkbox"/> 1 mark
	4. Employee Size <u>Manufacturer</u> <u>Others</u> a) Over 100 a) Over 25 b) 51 - 100 b) 13 - 25 c) 1 - 50 c) 1 - 12	<input type="checkbox"/> 3 marks <input type="checkbox"/> 2 marks <input type="checkbox"/> 1 mark
	5. Business Litigation a) Nil in the recent 5 years b) Yes, in the recent 5 years (please provide details with supporting documents) c) Yes, in progress (please provide details with supporting documents)	<input type="checkbox"/> 3 marks <input type="checkbox"/> 2 marks <input type="checkbox"/> 1 mark
Q. 6 - Q. 8 Systems Accredited	6. Quality System Accredited a) ISO9000 series or equivalent b) Certification of Quality Program in progress c) No	<input type="checkbox"/> 3 marks <input type="checkbox"/> 2 marks <input type="checkbox"/> 1 mark
	7. Industrial Safety Management System Accredited a) OHSAS/ISO 18000 series or equivalent b) Certification of Safety Program in progress c) No	<input type="checkbox"/> 3 marks <input type="checkbox"/> 2 marks <input type="checkbox"/> 1 mark
	8. Environmental System Accredited a) ISO14000 series or equivalent b) Certification of Quality Program in progress c) No	<input type="checkbox"/> 3 marks <input type="checkbox"/> 2 marks <input type="checkbox"/> 1 mark
Q. 9 - Q. 11 Major Customers	9. Company Structure of Top 5 Customers a) Transportation business related company or manufacturer / multinational / Government related organisation / publicly listed company b) Private limited company c) None of the above	<input type="checkbox"/> 3 marks <input type="checkbox"/> 2 marks <input type="checkbox"/> 1 mark
	10. Annual Business Volume with the Biggest Customer a) Above HKD1,000,000 b) HKD100,000 to HKD1,000,000 c) below HKD100,000	<input type="checkbox"/> 3 marks <input type="checkbox"/> 2 marks <input type="checkbox"/> 1 mark
	11. Any of the Top 5 Customers Have Similar Product/Service Need as Ngong Ping 360 a) Yes b) No or not sure	<input type="checkbox"/> 3 marks <input type="checkbox"/> 1 mark
Total Score Achieved: (minimum score required is 17)		

We, the undersigned, declare that the information given in this document is correct to the best of our knowledge and belief. We consent to the making of any enquires necessary for the processing of this application.

Signature: _____
Date: _____

Name: _____
Position: _____

Remark: Your application is deemed valid only if you submit this form together with document proof (e.g. BR, certificates, etc.)