- **المتطلبات الرسمية لتسجيل مورد بنظام الشئون الصحية لوزارة الحرس الوطني كالتالي :**

النماذج

١- نموذج التسجيل المكون من ٧ صفحات PDF
٢- نموذج التسجيل الخاص لبوابة الموردون الالكترونية

الوثائق المطلوبة

١- صورة من السجل التجاري
٢- صورة من الاشتراك بالغرفة التجارية
٣- شهادة السعودة مصدقة من الغرفة التجارية
٤- شهادة الزكاة الصادرة من مصلحة الزكاة والدخل
٥- شهادة التأمينات الاجتماعية الصادرة من المؤسسة العامة للتأمينات الاجتماعية
٦- الآيبان الخاص بالبنك مصدق من البنك أو شهادة مصدقة من البنك تفيد برقم الآيبان الخاص بالبنك .

- يجب ختم جميع النماذج وصور الوثائق بختم المؤسسة / الشركة وإرسالها بملف واحد PBF إلى إيميل registration2@ngha.med.sa

Vendor Registration Requirements in Ministry of National Guard – Health Affairs System:

In order to register your company in the hospital Oracle system, the vendor must fill the below forms and provide the following documents.

Forms:

1. Registration Request Form
2- I-Suppliers Form

Required Certificates:

1. Copy of CR Membership
2. Copy of Chamber of Commerce Membership
3. Copy of Zakat Certificate
4. Saudization Letter certified by Chamber of Commerce
5. Insurance Letter – GOSI (General Organization for Social Insurance)
6. Filling up the IBAN form or providing an official letter from the bank. The form must be validated and stamped by the bank.

Note:

- The forms must be filled-up completely and should be typewritten (legibly), any handwritten application will not be accept.
- All forms must be filled in both Arabic and English Language.
- Certificates must be valid and not expired.
- All Documents must be stamped by the company / Establishment official Stamp.
- Please note that only one user will be allowed to access the I-Supplier system.

All documents must be submitted in one PDF file and in one email only. The PDF file should be sent only through e-mail to: registration2@ngha.med.sa

Kingdom of Saudi Arabia
National Guard Health Affairs
King Abdul Aziz Medical City
Logistics & Contracts Management
Vendor's Registration Form

المملكة العربية السعودية
الشؤون الصحية بالحرس الوطني
مدينة الملك عبد العزيز الطبية
إدارة التموين والعقود
نموذج تسجيل الموردين

Kindly fill-up the forms completely (English and Arabic) in typewritten (legibly). We will not accept any handwritten or incomplete application.
Please send the forms including the required valid certificates to Expediting Section by emailing to registration2@ngha.med.sa

Institution Name in English **اسم الشركة باللغة العربية**

.....

Company's Website موقع الشركة الالكتروني	Fax No. رقم الفاكس	Telephone No رقم الهاتف	P.O.Box ص.ب	Postal Code الرمز البريدي
.....	.....	.....	.....	.....

Company's Email Address البريد الالكتروني العام للشركة	CR Number رقم السجل التجاري	Chamber of Commerce Registration رقم العضوية في غرفة التجارية
.....	.....	.....

Registered Categories / الأصناف المسجلة				Membership Grade / درجة التصنيف			
Medical طبي	Pharmaceutical صيدلي	Non-Medical غير طبي	Other أخرى	☐ 1	☐ 2	☐ 3	☐ 4
☐	☐	☐	.....				

Consumables مستهلكات	Equipments أجهزة	Not Applicable لا ينطبق	Applicable ينطبق
☐	☐	☐	☐

Contact Information ***معلومات للاتصال***

Email Address البريد الالكتروني	Fax No رقم الفاكس	Mobile No رقم الجوال	Phone No. رقم الهاتف	Name الاسم

Regions (Please check which region below you are requesting to be registered): ***يرجى وضع علامة على المنطقة المراد التسجيل فيها***

Riyadh الرياض	Jeddah جدة	Dammam دمام	Medinah المدينة المنوره	Al Ahsa الاحساء

Brand Names ***أسماء الماركات***

1.	2.	3.

Stamp الختم	Date التاريخ	This Form was filled by (Name and Signature) تم تعبئة هذا النموذج بواسطة الاسم/ التوقيع

Note: All forms should be signed and stamped. For any concern or inquiries regarding registration, please coordinate with our Registration officer, direct line no. 804-3698.

Kingdom of Saudi Arabia
National Guard
Health Affairs

المملكة العربية السعودية
رئاسة الحرس الوطني
الشئون الصحية

Logistics & Contracts Management ادارة التموين و العقود

I-SUPPLIER PORTAL (ISP) REGISTRATION FORM
نموذج التسجيل ببوابة الموردين الالكترونية

Vendor Name: (Must be in English)	اسم شركة المورد:
Company Main Commercial Registration Number:	رقم السجل التجارى الرئيسى للشركة:

No.	Responsible Employee الموظف المسئول	Department Email بريد الإدارة الالكتروني	Contact Number رقم الاتصال
1			

Primary Contact Person Telephone & Ext. Number:	رقم تلفون و تحويلة ممثل الاتصال الرئيسى للشركة:
Signature	**Please affix Company Official Stamp** : ختم الشركة
	تاريخ تعبئة و اعادة هذا النموذج: **Date this Form Filled Up and Returned:**

Note: 1- Please fill-out the form completely and typewritten (legibly). Then kindly send it to us through the email mentioned above.

2- Please be informed that the company can only use one email address per region (only one user/email add will be allowed to access the system per region). If there will be a need for more than one user it is required to have an approval from the Expediting Manager.

For any information look : Ms. Eman Al Enizi, Direct line# 8043698 E-mail add: registration2@ngha.med.sa

نموذج طلب تحويل مستحقات مقاول

إلى حسابه البنكي عبر نظام (سريع)

السادة وزارة / ....

بناءً على تعميم وزارة المالية رقم (٥٥٦) وتاريخ ١٤٣١/١/٢هـ الخاص بتحويل مستحقات المقاولين إلى حساباتهم البنكية مباشرة ، يسرنا طباعة هذا النموذج والمصادقة على صحة المعلومات الخاصة بعميل البنك المدونة بياناته أدناه.

الاسم التجاري للمنشأة : ....

رقم السجل التجاري : | | | | | | | | | | |

رقم الحساب البنكي للمنشأة:

S	A																						

في حال تنازل المقاول عن مستحقاته لصالح البنك يكتب رقم الحساب الوسيط واسم المشروع المتنازل عنه.

رقم الحساب الوسيط :

S	A																						

اسم المشروع : ....

رقم الحساب الوسيط :

S	A																						

اسم المشروع : ....

رقم الحساب الوسيط :

S	A																						

اسم المشروع : ....

رقم الحساب الوسيط :

S	A																						

اسم المشروع : ....

مصادقة البنك

اسم البنك :	الختم الرسمي
اسم الموظف :	
التوقيع :	
التاريخ : / /	

بسم الله الرحمن الرحيم

Kingdom of Saudi Arabia
National Guard
Health Affairs
Office of the Chief Executive Officer

المملكة العربية السعودية
رئاسة الحرس الوطني
الشؤون الصحية
مكتب المدير العام التنفيذي

Date: 31 March 2010
15 Rabi Al Thani 1430

Ref.: M/1/4306/2010

Dear Sir:

Once again, we would like to remind you of the Health Affairs' policies regarding invitation for symposiums, exhibitions, seminars. As a policy, all suppliers are not allowed to invite directly the end user or to individual staff, i.e. doctors, employees, etc. This practice is against the National Guard Policies and Procedures and should not be tolerated.

On the other hand, we appreciated very much your generosity in inviting our staff to attend training, workshops and exhibitions outside/inside the Kingdom. This will enrich them with new innovations in the market that could benefit, not only for their own personal satisfaction, but also for the Health Affairs, as well.

In order to protect the interest of your company and ours as well, we would like to request that the following guidelines should be followed every time an invitation is extended to us:

- The inclusive dates should be stated in the invitation.
- Number of participants
- The company should cover the following:
  - registration fee, if any
  - accommodation
  - airline reservations
  - breakfast, lunch, etc.
  - transportation from/to the hotel/airport
- The company should give us eight (8) weeks notification/confirmation.
- The company should not specify any name in the invitation, only the title of the conference/training/workshop, etc. or the specific department to where the activity is best suited. The concern department will provide us the name and you will be informed accordingly.
- Any other benefits that you will extend.

Most importantly, all invitations for seminars, training, exhibitions and workshops should be forwarded to the Office of the Executive Director, Logistics & Contracts Management. Advance copy of the invitation to be sent thru fax #252-000088 ext. 43710 only. Invitations given directly to the concerned individual or department is not allowed at all times. **VIOLATORS WILL BE SUBJECTED FOR INVESTIGATION AND APPROPRIATE ACTION WILL BE TAKEN AGAINST THE COMPANY.**

Above guidelines should be strictly followed at all times.

Thank you and regards.

Sincerely yours,

Dr. Bandar Al Knawy
Chief Executive Officer
National Guard Health Affairs

cc: Chief Operating Officer, NGHA
Executive Director, Logistics & Contracts Management, NGHA
FB:vira

ACKNOWLEDGEMENT

Received by:

_____
Vendor's Name

_____
Please Print Your Name & Sign

_____
Date

P.O. Box: 22490
Riyadh 11426
Kingdom of Saudi Arabia

Tel: 2520177
Fax: 2520320

تلفون: ٢٥٢٠١٧٧
فاكس: ٢٥٢٠٣٢٠

ص. ب. ٢٢٤٩٠
الرياض ١١٤٢٦
المملكة العربية السعودية

Kingdom of Saudi Arabia
National Guard Health Affairs

المملكة العربية السعودية
الحرس الوطني - الشؤون الصحية

Vendor Representatives Registration Form

Vendor / Sales Representative Information

Attach 4 x 6
Photo Here

Attach Business Card Here

Vendor / Sales Representative Name _____

Name of Company Represented _____

Contact Address

P.O. Box ☐ Code ☐ City ☐

Country ☐ Office Telephone ☐

Mobile No. ☐ Fax No. ☐

E-mail Address ☐

Vendor Product Information

Product Category: ☐ Medical ☐ Pharmaceutical ☐ Non-Medical

Product Line

District / Regional

District / Regional Manager _____ Title _____

Office Telephone _____ Fax No. _____

Vendor / Sales Representative Signature _____ Date _____

Kingdom of Saudi Arabia
Ministry of National Guard - Health Affairs

المملكة العربية السعودية
وزارة الحرس الوطني - الشؤون الصحية

Vendor/Contractor Representative Disclosure Form

Part I - To be completed by the Vendor/Contractor Representative

Family Member Details:

Please disclose if any member of your immediate family are currently employed at the Ministry of National Guard - Health Affairs or any affiliated facilities including King Saud bin Abdulaziz University for Health Sciences (KSAU-HS) and King Abdullah International Medical Research Center (KAIMRC).

☐ *Yes* ☐ *No*

If **yes**, please provide the following information:

MNG-HA Site: ☐ *KAMC-Riyadh* ☐ *KASCH-Riyadh* ☐ *KAMC-Jeddah* ☐ *AIABFH-Dammam* ☐ *KAH-Ahsa*
☐ *KAIMRC* ☐ *PMBAH-Madinah* ☐ *KSAU-HS*
☐ *PHC:* ○ *Central* ○ *Western* ○ *Eastern*

Family Member Name : ..... Badge No. : .....
Position Title : ..... Contact No. : .....
Department Name : .....
Hospital/Facility Name : .....

Other Details : .....
.....

Vendor/Contractor Representative Details:

Representative Name : .....
Position Title : .....
Vendor Name : .....

_____ _____
Representative Signature **Date**

Part II - To be completed by the Expediting Section

Received by:

Registration Officer : ..... Badge No. : .....
Signature : ..... Date : .....

Approved by: ☐ *Approved* ☐ *Disapproved*

Comments : .....

_____ _____
Expediting Manager, Procurement Services, Logistics & Contracts Management (or equivalent in the region) **Date**
(Name & Signature)

Kingdom of Saudi Arabia
Ministry of National Guard - Health Affairs

المملكة العربية السعودية
وزارة الحرس الوطني - الشؤون الصحية

Statement of Compliance for Vendor/Contractor Representatives Visiting MNG-HA Facilities

Part I - To be completed by the Vendor/Contractor Representative

It is the responsibility of the vendor/contractor to ensure their representatives are fully informed of MNG-HA's policies and procedures for regulating business conduct prior to any visitation to MNG-HA hospitals and all other affiliated facilities including King Saud bin Abdulaziz University for Health Sciences (KSAU-HS) and King Abdullah International Medical Research Center (KAIMRC).

1. Vendor/contractor representatives will be granted the privilege of promoting their products and services provided they have obtained Saudi Food and Drug Authority (SFDA) authorization. This includes printed, visual or electronic advertisements, through participation and demonstration of the product/equipment in meetings or workshops and that such activities do not interfere with patient care or interrupt operational activities.

2. Any promotional activities to be conducted by vendor/contractor representatives within MNG-HA facilities must be coordinated and approved by Logistics & Contracts Management (LCM).

3. Vendor/contractor representatives must register their vendor with MNG-HA prior to conducting any transaction/business with an introductory visit to the Expediting Section, LCM (or equivalent in the region) and complete all the required documentation.

4. All vendor/contractor representatives are required to disclose any member of their immediate family currently employed at any MNG-HA facility by completing the Vendor/Contractor Representative Disclosure Form.

5. All appointments must be made at least 24 hours in advance; coordinated and approved by the Expediting Section, LCM (or equivalent in the region).

6. A vendor/contractor representative with an approved appointment scheduled outside routine hours or needs to extend beyond normal routine hours, will require the requesting department to coordinate with the Expediting Section, LCM (or equivalent in the region) and Military Police to arrange access entry to and departure from MNG-HA premises.

7. Vendor/contractor representatives must first report to the Military Police at Service Gate No. 1 and/or 8 (or equivalent service gates within the region) before reporting to the Expediting Section, LCM (or equivalent in the region) to obtain a daily badge prior to attending their appointment with the respective department.

8. Vendor/contractor representatives must display their appropriate badge (visitor's card, temporary badge/daily badge) at all times whilst visiting MNG-HA facilities. In the event a representative is found not wearing the required ID badge, they will be charged an appropriate fee and a warning letter issued to their vendor in accordance with MNG-HA policies and procedures.

9. In the event of loss or damage of their badge, vendor/contractor representatives will be charged an appropriate replacement fee in accordance with MNG-HA policies and procedures.

10. In the event of entering MNG-HA premises without prior permission, vendor/contractor representatives will be charged an appropriate fee in accordance with MNG-HA policies and procedures.

11. In the event a vendor/contractor representative permits another individual to utilize their ID badge, they will be charged an appropriate fee and a warning letter issued to their vendor in accordance with MNG-HA policies and procedures.

12. Vendor/contractor representatives must proceed only to the requesting department with an approved appointment and must not request unplanned meetings with staff nor attempt to communicate with staff members they encounter anywhere inside MNG-HA premises.

13. Vendor/contractor representatives can respond to appointments initiated by MNG-HA staff provided the Expediting Section, LCM (or equivalent in the region) has received prior notification.

14. Vendor/contractor representatives are prohibited from posting announcements or flyers anywhere within MNG-HA facilities.

15. Vendor/contractor representatives are prohibited from offering or donating gifts or gratuities to MNG-HA employees.

16. All non-drug product samples used within a patient care setting for evaluation must be registered with and approved by the Product Evaluation & Standardization Section at least five (5) days prior to commencement of the evaluation period.

17. All invitations for sponsorship (factory visits, exhibitions, conferences, continuing education and promotional activities) unless otherwise stated, must be directed to LCM.

18. Vendor/contractor representatives are prohibited from approaching MNG-HA physicians/clinicians or individual employees to offer sponsorship of educational leave.

19. Vendor/contractor representatives must comply with all existing rules, regulations, laws and standards relating to patient safety and privacy. Patient care areas are off limits at all times to unescorted or unsupervised vendor/contractor representatives.

20. Vendor/contractor representatives are prohibited to detail medications not listed in the MNG-HA Drug Formulary.

21. Vendor/contractor representatives are prohibited from taking unofficial photographs or video recordings without prior authorization in accordance with MNG-HA policies and procedures.

22. Vendor/contractor representatives are prohibited from smoking within MNG-HA premises in accordance with MNG-HA policies and procedures.

23. Vendor/contractor representatives violating any provision of this policy other than the standard penalties stipulated in articles 6.3.1-6.3.5 will be subject to serious investigation and fixed monetary penalties. In addition to fixed monetary penalties, representatives will be banned from conducting any business/transactions with MNG-HA for a period of six (6) months, pending the decision of the investigation. A first time offense will result in an official warning letter issued to the representative and their vendor. Repeated offenses and violations will be reported to Military Police and dealt with according to the severity of the case which will result in the representative being barred from further access to MNG-HA premises and from communicating with MNG-HA staff. The vendor will be issued an official letter informing them of such offense and corresponding penalties.

I hereby confirm and acknowledge to adhere to MNG-HA policies and procedures and comply with the provisions stipulated herein. I fully understand that failure to do so will result in either monetary penalty or termination of my visitation privileges.

Vendor Name : .....

Vendor Tel. No. : .....

Vendor Stamp

Vendor/Contractor Representative
(Name & Signature)

Date

Part II - To be completed by the Expediting Section

Received by :

Registration Officer
(Name & Signature)

Badge No.

Date

Approved by :

Expediting Manager, Procurement Services, Logistics & Contracts Management (or equivalent in the region)
(Name & Signature)

Date

APPENDIX D

FIXED MONETARY PENALTIES

Vendor/contractor representatives violating any provision of this policy other than the standard penalties mentioned in articles 6.3 – 6.35, will be subject to serious investigation and fixed monetary penalties as per the table below:

OFFENSE	PENALTY
First Offense	SAR 500
Second Repeated Offense	SAR 1000
Third Repeated Offense	SAR 1500

VIOLATIONS

Such violations include, but is not limited, to the following:

1. Falsification or misrepresentation of information
2. Conducting transactions/business without prior registration with the Program
3. Detailing medications not listed in the MNG-HA Formulary
4. Detailing SFDA non-registered medications without prior request by a physician
5. Entering Program premises without an approved appointment
6. Entering the OR without prior authorization
7. Entering patient care areas unescorted and unsupervised
8. Promoting products without prior SFDA authorization
9. Taking unofficial photographs or video recordings without prior authorization