



**New service provider registration**

A man and a woman are riding bicycles on a paved path. The man is on the left, wearing a dark shirt and light pants, and the woman is on the right, wearing a light shirt and dark pants. Both are wearing helmets. The background shows trees and a clear sky. The entire image is overlaid with a blue tint. The text "New service provider registration" is written in white, bold, sans-serif font across the center of the image.

**New service provider registration**

## Self Service Registration

### Registration Benefits:

1. Web based self service registration
2. Supplier profile self management
3. Consolidated supplier work area
4. Ability to submit an invoice online
5. Ability to participate in NHC negotiations by submitting proposals and quotes online.

**Once you obtain the registration link, open it and follow the guide.**





## Fill the required details as instructed below and click next

1 — 2 — 3 — 4 — 5 — 6 — 7 — 8  
Company Details — Contacts — Addresses — Business Classifications — Bank Accounts — Products and Services — Questionnaire — Review

### Register Supplier: Company Details

Enter a value for at least one of these fields: D-U-N-S Number, Taxpayer ID, or Tax Registration Number.

\* Company  → Enter your company name

\* Tax Organization Type  → Select your organization type eg. Individual, Corporation etc..

Corporate Web Site  → Enter your website if any

Attachments  + × → Attach your IBAN and VAT certificate

Tax Country  → Select your tax country

Vat Number  → Enter your VAT number

Note to Approver

Back **Next** Save for Later Register Cancel

### Additional Information

#### Your Contact Information

Enter the contact information for communications regarding this registration.

\* First Name

\* Last Name  → Fill up your contact information

\* Email

\* Confirm Email



## Create additional contacts then click next

Register Supplier: Contacts

Company Details **2** Contacts Addresses Business Classifications Bank Accounts Products and Services Questionnaire Review

Back Next Save for Later Register Cancel

Add at least Three contact persons from your organization with accurate contact information.

Actions View Format **+ Create** Edit Delete Freeze Detach Wrap

Name	Job Title	Email	Administrative Contact	Request User Account	Edit	Delete
Last Name, First Name		first.last@website.com	✓	✓		

Columns Hidden 7

**Note:** You can click save for later at any point. You will get an email to continue the registration later



Click the “+” button to add an address for your company as illustrated below

**Create Address**

\* Address Name: Head Office

\* Country: Saudi Arabia

\* Address Line 1 or P.O. Box: Riyadh

Address Line 2:

\* City: Riyadh

Postal Code: 11111

\* Address Purpose:  Ordering,  Remit to,  RFQ or Bidding


Phone: 966

Fax: 966

Email:

**Address Contacts**

Select the contacts that are associated with this address.

Actions View Format  Freeze Detach Wrap

Name	Job Title	Email	Administrative Contact	User Account
Last Name, First Name		first.last@websit...	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Columns Hidden 4

Create Another OK Cancel

You can assign contacts to address to secure each agent access to his address only



Click “+” button to add the necessary registration certificates along with the expiration date and a scanned copy in the attachments

Progress bar: Company Details (✓), Contacts (✓), Addresses (✓), **Business Classificati...** (4), Bank Accounts (5), Products and Services (6), Questionnaire (7), Review (8)

### Register Supplier: Business Classifications

Enter at least one business classification or select none applicable.

Actions: View, Format, **+**, X, Freeze, Detach, Wrap

* Classification	Subclassification	Certifying Agency	Other Certifying Agency	* Certificate	Start Date	* Expiration Date	Attachments	Notes
Nitaqat Certificat		Other	Agency Name	11111111	mm/dd/yy	04/05/20	None +	
Commercial Req		Chamber of Com		11111111	mm/dd/yy	03/30/20	None +	
COC Membersh		Other	Agency Name	11111111	mm/dd/yy	03/22/20	None +	





Click “+” button to add a bank account. Fill all the required details then click ok then next

**Create Bank Account**

* Country	Saudi Arabia ▼	* IBAN	SA7620000000000123456789
Bank	Alinma Bank ▼	Currency	SAR ▼
Branch	AlAwwal Bank Branch ▼		
Account Number	123456789		

**Additional Information**

Account Name	<input type="text"/>	Agency Location Code	<input type="text"/>
Alternate Account Name	<input type="text"/>	Account Type	<input type="text" value="▼"/>
Account Suffix	<input type="text"/>	Description	<input type="text"/>
Check Digits	<input type="text"/>		

**Comments**

Note to Approver





Click “+” button to add your products and services classification. Click ok then next

Select and Add: Products and Services

Search

Category Name  Description

Search Reset

View Format Freeze Detach Wrap

Select	Category Name	Description
<input checked="" type="checkbox"/>	▶ Consultation	
<input checked="" type="checkbox"/>	▶ Engineering	Engineering
<input type="checkbox"/>	▶ Government	
<input type="checkbox"/>	▶ IT	IT
<input type="checkbox"/>	▶ Marketing	
<input type="checkbox"/>	▶ Real Estate	
<input type="checkbox"/>	▶ Services	
<input type="checkbox"/>	▶ Vehicle	

Columns Hidden 1

Apply OK Cancel



Fill the questionnaire and click next to fill the next questionnaire section

Register Supplier: Questionnaire

Attachments None

Section

- 1. General Qualification Requirements
- 2. Consultation Questionnaire

Questions

General Qualification Requirements (Section 1 of 2)

\* 1. Please Download, Sign & Attache the **Non-Disclosure Agreement File** (Attached)  
Attachments: NDA for Companies and Entities (1 more...)  
 a. I acknowledge that the attached NDA file is read and accepted by the authorized signee  
\* Response Attachments: NDA.pdf

\* 2. How many years has the organization been in business?  
 a. < 5  
 b. 5 to 10  
 c. > 10

\* 3. Where is the organization located (country/city)?  
Saudi Arabia/Riyadh

\* 4. What is the total number of offices/branches (national & international)?  
 a. 1 - 5  
 b. > 5

\* 5. How many business activities does the organization provide?  
 a. 1  
 b. 2 - 3  
 c. > 3

\* 6. Name your top five clients  
 a. Governmental  
 b. Semi-Governmental  
 c. Royal Commission  
 d. Aramco  
 e. Other (must attach)

\* 7. Average Last three years of organization annual revenue  
 a. < 3,000,000 SAR  
 b. 3,000,000 to 49,999,999  
 c. 50,000,000 to 200,000,000 SAR  
 d. > 200,000,000 SAR

\* 8. Total number of employees working for the organization?  
 a. 1 - 5  
 b. 6 - 49  
 c. 50 - 249  
 d. > 249

End of Section 1 of 2

Previous Section Next Section





This questionnaire is based on your classifications entered in the previous steps. It could be different than the ones mentioned here

Register Supplier: Questionnaire

Attachments: None

Section

- 1. General Qualification Requirements
- 2. Consultation Questionnaire

Questions

Consultation Questionnaire (Section 2 of 2)

\* 9. What is Key individuals' years of experience in the company ?

- a. <5
- b. 6-8
- c. 9-10
- d. >10

Response Attachments: None

\* 10. What is your major specialty in consultation?

- a. الاستشارات الاستراتيجية
- b. الاستشارات القانونية
- c. الاستشارات التسويقية
- d. الاستشارات الإدارية
- e. استشارات التطوير الإداري
- f. استشارات الموارد البشرية
- g. الاستشارات المحاسبية والمالية
- h. الاستشارات التوعوية
- i. الاستشارات التدريبية
- j. الاستشارات في تقنية المعلومات

\* 11. Top 3 projects + Value of each project ?

- a. <10 M
- b. 10 M – 99 M
- c. 100 M – 250 M
- d. > 250 M

Response Attachments: None

\* 12. What is your Average Staff years of experience ?

- a. <5
- b. 6-8
- c. 9-10
- d. >10

Response Attachments: None

End of Section 2 of 2

Previous Section | Next Section



Have a final review on all your entered details then click “Register”

Review Supplier Registration: Company Name

Company Details

Company: Company Name  
Tax Organisation Type: Corporation  
Corporate Web Site: www.website.com

Tax Country: Saudi Arabia  
Vat Number: 9999999999999  
Note to Approver

Additional Information

Attachments

Type	File Name or URL	Title	Description	Attached By	Attached Date
File	IBAN.pdf	IBAN.pdf		anonymous	03/30/2019 13:15

Contacts

Name	Job Title	Email	Administrative Contact	Request User Account	Details
Last Name, First Name		first.last@website.com	✓	✓	

Addresses

Address Name	Address	Phone	Address Purpose	Details
Head Office	Riyadh, Riyadh, 11111		Ordering, Remit to, RFI or Bidding	

Business Classifications

Classification	Subclassification	Certifying Agency	Other Certifying Agency	Certificate	Start Date	Expiration Date	Attachments	Notes
Target Certificate		Other	Agency Name	11111111		04/05/2019	None	
Commercial Registration Number		Chamber of Commerce	11111111			03/30/2019	None	
COG Membership		Other	Agency Name	11111111		03/22/2019	None	

Bank Accounts

Account Number	IBAN	Currency	Bank
XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	SAR	Alfina Bank

Products and Services

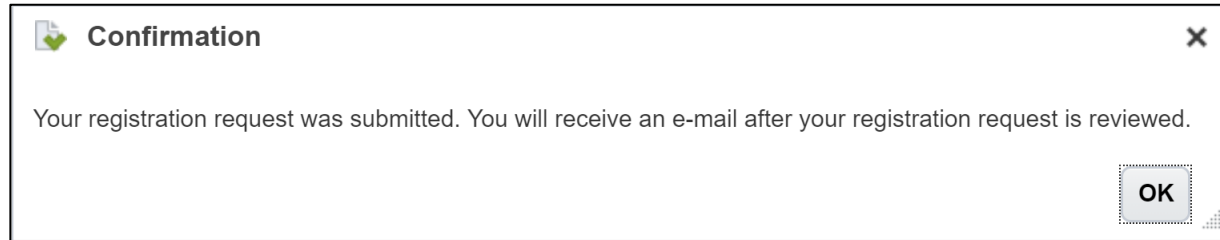
Category Name	Description
Consultation	
Engineering	Engineering

Questionnaire

Questionnaire Details



## Finally



You will get an email once your registration is reviewed.

Follow the steps in the email to reset your password.



## Support Email

[Vmp@nhc.sa](mailto:Vmp@nhc.sa)





# Thank You

2766 As Sahafah, Riyadh, 13321

[nhc.sa](http://nhc.sa)

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