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# New Vendor Assessment and Registration Form

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## Guidance Note:

All new vendors engaging in business with Sparrows Group are requested to complete this form. The form is the first and mandatory step for becoming a vendor to Sparrows Group. Please refer to the sections below, prior to completing the form. Your Sparrows Group contact person can be requested to assist in the correct completion of this form.

### Code of Conduct:

Sparrows group is fully committed to conduct its business in an ethical, legal, environmentally, and socially responsible manner along with maintaining high standards for health, safety, and quality, and to continuously improve its actions towards for these areas. Sparrows group expect all its business partners to undertake and demonstrate similar commitment. Sparrows group vendor code of conduct recorded below sets out the requirements expected from Sparrows group vendors.

#### 1. Ethics:

All exchanges and transactions are conducted on honest basis across all aspects of operations both internally and externally. All transactions comply with applicable laws and are built on transparency, strict business practices, confidentiality, and freedom of competition.

#### 2. Laws, regulations, and governance:

Full compliance to applicable domestic and international laws and regulations, industry standards, and all other relevant statutory requirements whichever requirements impose the highest standards of conduct and governance.

#### 3. Environment:

Recognize that environmental responsibility is integral to business activities and strive to continuously improve environmental performance along with maintaining compliance to environmental laws, regulations, and industry standards.

#### 4. Social:

Respects and comply with human rights and labour measures along with undertaking measures that contributes towards improving social measures for all stakeholders involved.

#### 5. Health and safety:

Respects and comply with applicable health and safety laws, regulations and industry standards and has measures in practice for identifying and mitigating health and safety risks.

#### 6. Quality:

Goods and services are managed and delivered to applicable quality standards and customer specification. Suitable quality control and assurance measures are in practice to minimise risk of quality defects or counterfeit parts and identify defects and implement corrective and preventive actions.

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## Form Instructions:

Section 1: **Vendor Company and People Information:** All vendors are requested to complete this section

Section 2: **Supply Information:** All vendors are requested to complete this section

Section 3: **Financial and Payment Information:** All vendors are requested to complete this section

Section 4: **HSEQ Information:** All vendors are requested to complete this section

Section 5: **Commercial Information:** All vendors are requested to complete this section

Section 6: **I.T and Cyber Security Information:**All vendors are requested to complete this section

Section 7: **Competency Management Information:** All vendors are requested to complete this section

Section 8: **Form Completion Vendor Signatory:** All vendors are requested to complete this section

Section 9: **UK Vendors Information:**Only UK located vendors are requested to complete this section

Section 10: **USA Vendors Information:**Only USA located vendors are requested to complete this section

Section 11: **Singapore, Abu Dhabi and Kingdom of Saudi Arabia Vendors Information:** Internal use for Sparrows Group

Section 12: **Registration Approval:** Internal use for Sparrows Group

## Information Use and Storage:

Information recorded in this form will solely be utilised for the business engagement purpose and will be retained for the length of business engagement or such longer period as is specially required by law. A copy of our privacy notice can be located: <http://www.sparrowsgroup.com/images/sparrows/pdfs/misc/Sparrows-Group-Privacy-Notice---Business-Customers-and-Suppliers.pdf>

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<b>Section 1: Vendor Company and People Information - This section is to be completed by all vendors</b>	
<b>Company Information:</b>	
Company Name:	Dammon Engineering
Company Registration Number:	
VAT or Sales Tax Number:	
<b>Company Address:</b>	
Line 1:	554 Old Spanish Trail
Line 2:	Slidell La
Post Code or Zip Code:	70458
Country:	USA
<b>People Contact Information:</b>	
<b>Sales:</b>	
Name:	Chuck Dammon
Telephone:	985-649-5832
Email:	info@dammonengineering.com
<b>Finance:</b>	
Name:	
Telephone:	
Email:	
<b>HSEQ:</b>	
Name:	
Telephone:	
Email:	

<b>Section 2: Supply Information - This section is to be completed by all vendors</b>	
Goods and Services Portfolio:	Engineering
Description Goods and/or Services Supply to Sparrows Group:	Engineering

<b>Section 3: Financial and Payment Information - This section is to be completed by all vendors</b>	
<b>Financial Information:</b>	
Last Year Turnover:	
Last Year Profit or Loss:	
<b>Payment Information:</b>	
Name of the Bank:	
Address of the Bank:	
Account Number:	
Sort Code or BSB Code:	
IBAN Number:	

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Currency:	
Preferred Payment Method:	Choose an item.

**Section 4: HSEQ Information - This section is to be completed by all vendors**

**HSEQ Certification:**

Does your company maintain a valid approval to a recognised health and safety management standard certified by in-country accredited organisation?	Choose an item.
Does your company maintain a valid approval to a recognised quality management standard certified by in-country accredited organisation?	Choose an item.
Does your company maintain a valid approval to a recognised environmental management standard certified by in-country accredited organisation?	Choose an item.

If you have selected yes to any of the above, please provide copies of the relevant certificates with this completed form.

**Health and Safety Statistics:**

Year: Please record past three years' statistics (advise year accordingly)	Year 1 (20..)	Year 2 (20..)	Year 3 (20..)
<b>Number of fatalities</b> (Loss of life / permanent disability)	0	0	0
<b>Lost Time Work cases</b> (Any injury/occupational illness resulting in absence from work for more than 3 days)			
<b>Medical Treatment cases</b> (Any injury/ occupational illness requiring treatment from a medical practitioner)			
<b>Restricted Work cases</b> (Any injury/occupational illness which results in the injured person being unable to perform their normal duties for more than 3 days)			
<b>First Aid cases</b> (Any injury which requires the attention of a qualified first aider or medic)			
<b>Total number of employees</b>			
<b>Total number of worked hours</b> (No. of employees x hours per week x weeks per year)			

**Environmental Responsibility:**

Does your company maintain an active plan to make improvements towards its activities negatively affecting the environment?	Choose an item.
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**HSEQ Information Notes:**

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<b>Section 5: Commercial Information - This section is to be completed by all vendors</b>	
<b>Terms and Conditions Plus Ethics Undertaking:</b>	
Please confirm acceptance of Sparrows General Terms and Conditions of Purchase, which can be accessed from our website: <a href="http://sparrowsgroup.com/terms-conditions">http://sparrowsgroup.com/terms-conditions</a>	Choose an item.
Please confirm acceptance, in principal, of Sparrows Business Ethics Policy, which can be accessed from our website: <a href="https://sparrowsgroup.com/images/sparrows/pdfs/misc/LEG02_Business_Ethics_Policy.pdf">https://sparrowsgroup.com/images/sparrows/pdfs/misc/LEG02_Business_Ethics_Policy.pdf</a>	Choose an item.
If you have selected no to either of the above, record objections or qualifications utilising the notes section supplied below	
<b>Insurances Information:</b>	
Does your company maintain suitable and valid Public Liability Insurance?	Choose an item.
Does your company maintain suitable and valid Employers' Liability Insurance?	Choose an item.
Does your company maintain suitable and valid Product Liability Insurance?	Choose an item.
Does your company maintain suitable and valid Professional Indemnity Insurance?	Choose an item.
If you have selected yes to any of the above, please provide a copy of the relevant certificates with this completed form.	
<b>Commercial Information Notes:</b>	

Yes	
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<b>Section 6: I.T and Cyber Security Information - This section is to be completed by all vendors</b>	
<b>I.T. and Cyber Security Information:</b>	
Does your company have I.T. and Cyber Security Policy or Documented Guidelines?	Choose an item.
How do you rate I.T. and cyber security protection measures of your company?	Choose an item.
What impact would loss of IT system have on the service you provide or will provide to Sparrows?	Choose an item.
Do you have a documented recover response plan for loss of your I.T. systems?	Choose an item.
If you have selected yes to any of the above, please provide a copy of the relevant certificates with this completed form.	
<b>I.T and Cyber Security Information Notes:</b>	

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<b>Section 7: Competency Management Information:</b> This section is to be completed by all vendors	
<b>Competency Management Certification:</b>	
Does your company maintain a competency management system certified by an in-country accredited organisation?	Choose an item.
1. If you have selected yes, please provide a copy of the certificate with this completed form 2. If you have selected no, please describe how you manage competency within your company utilising the notes section below	
<b>Competency Management Information Notes:</b>	

<b>Section 8: Form Completion Vendor Signatory -</b> This section is to be completed by all vendors		
Name: .....	Job Title: .....	Date: .....
Signature: .....		
<b>Notes Section:</b>		
1. UK located vendors are requested to also complete section 8 below 2. USA located vendors are requested to also complete section 9 below		

<b>Section 9: UK Vendors Information:</b> This section is to be completed by UK vendors			
<b>FPAL Registration:</b>			
Is your company a member of FPAL:	Choose an item.	Is your company verified by FPAL:	Choose an item.
If yes, please provide your FPAL registration certificate and enter registration number in the notes section supplied below		If yes, please provide the date of verification assessment and scores in the notes section supplied below	
<b>UK Vendors Information Notes:</b>			

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<b>Section 10: USA Vendors Information:</b> This section is to be completed by USA vendors		
<b>Business Classification:</b>		
In accordance with government regulations and prime contract requirements, we are required to verify the business size and classification of our suppliers and potential suppliers. The responsibility of determining classification type for your business is yours. If you have any questions, please contact your U.S. Small Business Administration (SBA) office ( <a href="http://www.sba.gov">www.sba.gov</a> ). Please check all appropriate boxes in sections B through C.		
<b>Section A: Business</b>	Choose an item.	
<b>Section B: Organization/Ownership Data</b>	<b>Section C: Minority Groups</b>	
<input type="checkbox"/> Woman Owned <input checked="" type="checkbox"/> Service Disability Veteran Owned <input type="checkbox"/> Minority Owned <input type="checkbox"/> Small Disadvantaged Business <input checked="" type="checkbox"/> Veteran Owned <input type="checkbox"/> SBA 8 (a) <input type="checkbox"/> HUB Zone	<input type="checkbox"/> Alaska Native Corporation / Indian Tribes <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Asian Pacific America <input type="checkbox"/> Native American <input type="checkbox"/> Others – SBA Guidelines	
<p>This will certify to Sparrows Offshore LLC that the company classification I have selected is true and correct. Under 15 U.S.C.A., Section 645(d), any person who misrepresents the status of any concern or person as a “small business concern” or “small business concern owned and controlled by socially and economically disadvantaged individuals”, sometimes referred to herein as a “small disadvantaged business concern”, or a “small business concern owned and controlled by women”, in order to obtain for itself or another person any subcontract that is to be included as part or all of a goal contained in a subcontracting plan required pursuant to Section 8(d) of the Federal Small Business Act (the “Act”), Section 637(d) of 15 U.S.C.A., or any other provision of Federal law that specifically references Section 8(d) of the Act for a definition of program eligibility, shall:</p> <p>(A) be punished by imposition of a fine, imprisonment, or both;</p> <p>(B) be subject to administrative remedies, including suspension and debarment; and</p> <p>(C) be ineligible for participation in programs conducted under the authority of the Act (FAR 52.219-1) (DFARS 252.219-7000)</p> <p>I will advise Sparrows Offshore LLC if our classification should change.</p> <p>Business (Type or Print) <u>    Dammon Engineering    </u></p> <p>Certified by <u>    <i>Chuck Dammon</i>    </u>      Printed Name <u>    <i>Chuck Dammon</i>    </u>  <small>Signature Required</small></p> <p>Title <u>    V/P    </u>      Date <u>    01/12/2023    </u></p>		

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**Section 11: Singapore, Abu Dhabi and KSA Vendors Information:** This section is to be completed by Sparrows Group Personnel

Approval:			
Is approval for a critical vendor?	Choose an item.	If <b>yes</b> , does the vendor have a certified quality management system?	Choose an item.
If <b>no</b> , has the vendor's management system been verified against Sparrows requirements?		<input type="checkbox"/> Quality Policy <input type="checkbox"/> N/C Process	<input type="checkbox"/> Goods In Process <input type="checkbox"/> Despatch Process
	Print Name	Signature	Date
Approved By:			Click or tap to enter a date.
Approval Type	Choose an item.	Comments:	

**Section 12: Registration Approval - This section is to be completed by Sparrows Group Personnel**

Supply Chain Approval:			
	Print Name	Signature	Date
Approved By:			Click or tap to enter a date.
Approval Type:	Choose an item.	Comments:	
HSEQ Approval:			
	Print Name	Signature	Date
Approved By:			Click or tap to enter a date.
Approval Type:	Choose an item.	Comments:	
Finance Approval:			
	Print Name	Signature	Date
Bank Account Details Verified By:			Click or tap to enter a date.
Approved By:			Click or tap to enter a date.
Approval Type:	Choose an item.	Comments:	

Notes Section:			