



iSupplier User Guide (Registering New Supplier)

Version 1
2019

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Log In [URL:https://enjaz.kamc.med.sa:8080](https://enjaz.kamc.med.sa:8080)

- Home
- About KAMC
- E-Services**
- Medical Departments
- Volunteer & Health Education
- Contact Us

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- PATIENTS COMPLAINTS
- PATIENTS SUGGESTIONS
- JOB SEEKERS
- RECRUITMENT AGENTS
- EMPLOYEES SERVICES**
- SUPPLIERS**
- REFERRALS SYSTEM

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- PURCHASING & CONTRACTS
- SUPPLIER SERVICES**
- SUPPLIER NEWS
- SUPPLIER EXPERIENCE
- FORMS

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- LOGIN
- REGISTRATION**
- USER GUIDE
- TERMS & CONDITIONS
- COMPLAINTS AND SUGGESTIONS
- VISITING REQUEST

PATIENT SERVICES

TRAINING AND EDUCATION

RESEARCH CENTER

ACCREDITED PROGRAMS

Prospective Supplier Registration

Prospective Supplier Registration

* Indicates required field

Instructions must be followed for your registration to be approved

Company Details

* Company Name (AR)

Company Name must be in Arabic and exactly the same as in the Commercial Registration Certificate

* Commercial Registration Number



Contact Information

* Company Name (AR)

Company Name must be in Arabic and exactly the same as in the Commercial Registration Certificate

* Commercial Registration Number

* Company Name must be in Arabic language and exactly the same as in the Commercial Registration Certificate.

* Registration Number contains 10 digits.

Basic In

Prospective Supplier Registration

Attachments

Prospective Supplier Registration

* Indicates required field

- * Email should be the official email of the company.
- * Job title of the company's representative.
- * Specialty.

Company Name (AR)
Company Name must be in Arabic and exactly the same as in the Commercial Registration Certificate

Registration Number

* Email
 * First Name (EN)
 * Last Name (EN)
 * Mobile Number



- * Email
- * First Name (EN)
- * Last Name (EN)
- * Mobile Number
- * Job Title
- * Section

Please Enter The Section Like (Cardiac, Pharmacy, Lab... etc)



Prospective Supplier Registration: Additional Details

Prospective Supplier Registration: Additional Details

Blank label for instruction text

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Company Name [Redacted]
 Tax Country [Redacted]
 Tax Registration Number [Redacted]
 Taxpayer ID [Redacted]
 DUNS Number [Redacted]
 * Alternate Supplier Name [Redacted]
 Note to Buyer [Redacted]
 Note to Supplier [Redacted]

Company Name [Redacted]
 Tax Country [Redacted]
 Registration Number [Redacted]
 Taxpayer ID [Redacted]
 DUNS Number [Redacted]
 Supplier Name [Redacted]
 Note to Buyer [Redacted]
 Note to Supplier [Redacted]

Company's Name should be in English language.

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Address Book

At least one entry

Create | [Refresh] | [Print] | [Settings]

Address Name	Address Details
No results found.	

Contact Directory

At least one entry is required.

Create Address

* Indicates required field

Create Address

TIP KAMC_POS_SITE_ADDRESS_NOTE

* Address Name
Ex: Main Branch
 Country
 * Address Line 1
 Address Line 2
 Address Line 3
 Address Line 4
 * City/Town/Locality
 County
 State/Region
 Province
 * Postal Code

* Phone Number
* ص.ب
 * Fax Number
 Email Address



* Address Name
Ex: Main Branch
 Country
 * Address Line 1
 Address Line 2
 Address Line 3
 Address Line 4
 * City/Town/Locality
 County
 State/Region
 Province
 * Postal Code



* Phone Number
* ص.ب
 * Fax Number
 Email Address

Fill the required fields and write the company's address correctly.

Create | [Icons]

Address Name	Address Details
No results found.	

Contact Directory 8

At least one entry is required.

Create | [Icons]

First Name	Last Name ^	Phone	Email
Ahmad	Alharbi	0554797462	ahmad1990@almar

Business Classifications

[Icons]

Classification	Applicable	Minority Type	Certificate Numb
Bank Approved Form	<input type="checkbox"/>		
Chamber of Commerce Ent	<input type="checkbox"/>		
Classification End Date	<input type="checkbox"/>		
Commercial Certificate End Dat	<input type="checkbox"/>		
Contracting			
Medical Supplies			
Non-Medical Supplies			
Pharmaceuticals			
Saudi Certificate End Date			



To create the company contact directory



Create OR Update Contact

Update Contact

* Indicates required field



Contact Title	<input type="text"/>	* Mobile Number	<input type="text"/>
First Name	<input type="text"/>	* Mobile Number	<input type="text"/>
Middle Name	<input type="text"/>	Phone Extension	<input type="text"/>
* Last Name	<input type="text"/>	Alternate Phone Area Code	<input type="text"/>
Alternate Name	<input type="text"/>	Alternate Phone Number	<input type="text"/>
Job Title	<input type="text"/>	Fax Area Code	<input type="text"/>
Department	<input type="text"/>	Fax Number	<input type="text"/>
* Contact Email	<input type="text"/>		
URL	<input type="text"/>		

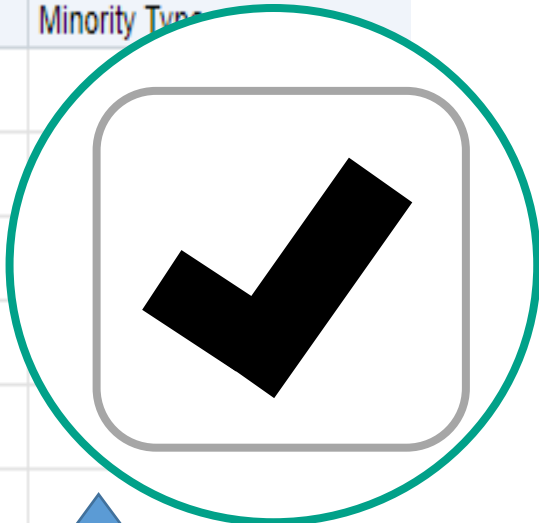
Fill the required fields

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Business Classifications





Classification	Applicable	Minority Type
Bank Approved Form	<input type="checkbox"/>	
Chamber of Commerce End Date	<input type="checkbox"/>	
Classification End Date	<input type="checkbox"/>	
Commercial Certificate End Dat	<input type="checkbox"/>	
Contracting	<input type="checkbox"/>	
Medical Supplies	<input checked="" type="checkbox"/>	
Non-Medical Supplies	<input type="checkbox"/>	








* Select the classification
* Fill the required fields



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Business Classifications

Classification	Applicable	Minority Type	Expiration Date	Attachments
Bank Approved Form	<input type="checkbox"/>		<input type="text"/>	
Chamber of Commerce End Date	<input type="checkbox"/>		<input type="text"/>	
Classification End Date	<input type="checkbox"/>		<input type="text"/>	
Commercial Certificate End Dat	<input type="checkbox"/>		<input type="text"/>	
Contracting	<input type="checkbox"/>		<input type="text"/>	
Medical Supplies	<input type="checkbox"/>		<input type="text"/>	
Non-Medical Supplies	<input type="checkbox"/>		<input type="text"/>	

Only fill the required field without uploading attachments

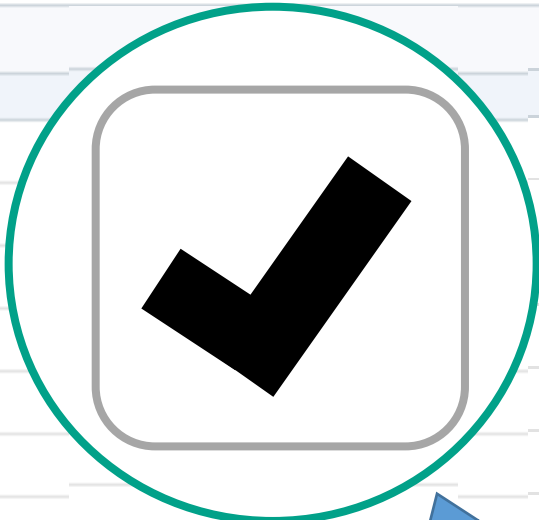


Add Products and Services : () **10**

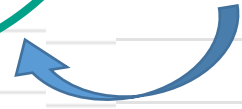
- Browse All Products & Services
- Search for Specific Code and Product



Code	Products and Services	Applicable
1	ER	<input type="checkbox"/>
10	Specialized Surgery	<input type="checkbox"/>
11	Nuro Science Center	<input type="checkbox"/>
12	Cardiac Center	<input type="checkbox"/>
13	Medical	<input type="checkbox"/>
14	Oncology Center	<input checked="" type="checkbox"/>
15	Radiology	<input type="checkbox"/>
16	Property	<input type="checkbox"/>
17	Biomedical Engineering	<input type="checkbox"/>
2	Endoscopy	<input type="checkbox"/>



Select classification





Add Products and Services: : ()

- Browse All Products & Services
- Search for Specific Code and Product



Code	Products and Services	View Sub-Categories	Applicable
1			
10			<input checked="" type="checkbox"/>
11	143 Dermatology	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	144 Endocrinology	<input type="checkbox"/>	<input type="checkbox"/>
13	145 Renal	<input type="checkbox"/>	<input type="checkbox"/>
14	146 Chest	<input type="checkbox"/>	<input type="checkbox"/>
15			<input type="checkbox"/>
16			<input type="checkbox"/>
17	Biomedical Engineering		<input type="checkbox"/>
2	Endoscopy		<input type="checkbox"/>

Return to Parent Category

Code	Products and Services	View Sub-Categories	Applicable
143	Dermatology	<input checked="" type="checkbox"/>	<input type="checkbox"/>
144	Endocrinology	<input type="checkbox"/>	<input type="checkbox"/>
145	Renal	<input type="checkbox"/>	<input type="checkbox"/>
146	Chest	<input type="checkbox"/>	<input type="checkbox"/>



Select the sub-categories if applicable.

Create Bank Account

Add Products and Services: () >

Create Bank Account

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* Country

Account is used for foreign payments
Account definition must include bank and branch information.

Bank

Branch

Bank Name

Bank Number

Existing Branch

New Branch

Branch Name

Branch Number

▶ Show Bank Details

▶ Show Branch Details

Account Name

Currency

Search and Select: Bank Name

Cancel Select

Search

To find your item, select a filter item in the pulldown list and enter a value in the text field, then select the "Go" button.

Search By

Results

Select	Quick Select	Bank Name	Bank Number
	No search conducted.		

Cancel Select

Select	Quick Select	Bank Name
<input type="radio"/>		بنك باكستان الوطني
<input checked="" type="radio"/>		البنك العربي الوطني
<input type="radio"/>		مجموعة سامبا المالية
<input type="radio"/>		البنك الاول
<input type="radio"/>		البنك الاول
<input type="radio"/>		بنك دبي
<input type="radio"/>		بنك الخليج الدولي

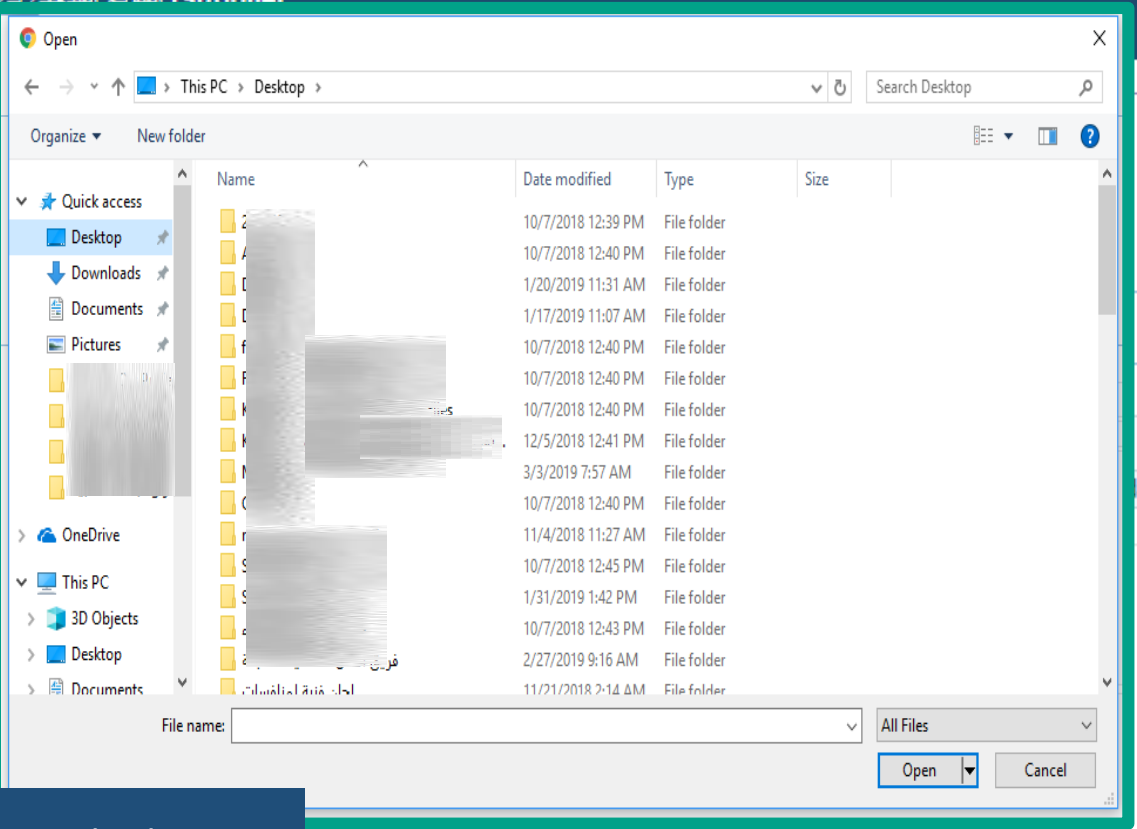
Fill in the required fields

Attachments

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Add Attachment

Title
No results found



The following certificates must be attached :

- 1- Commercial Registration
- 2- Chamber of Commercial Registration Certificate
- 3- Zakat and Income Certificate
- 4- Saudization Certificate
- 5- Social Insurance Certificate
- 6- Tax Registration Certificate
- 7- Special registration form , can be downloaded from the kamc website > Electornic Services > Suppliers > Forms.



Basic Information

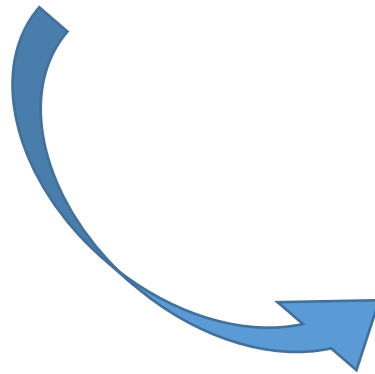
Attachments

Add Attachment



Title	Type	Description	Category	Last Updated By
No results found.				

Your registration has to be submitted, and it will be pending for the Supplier Relations Officer approval.



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Submit

Back

Step 3 of 3



In case if you face any problems, please contact
Supplier Relations Department email
SRM@kamc.med.sa

Or contact us : +966-12554999 EXT 11415