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| **Supplier Name** |  |

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| **EVALUATION** *(to be filled by the Procurement Department)* |
| *This supplier evaluation is to determine whether the supplier has provided products or services in accordance with the requirement of the organization. This information shall be collected from those who have worked directly with the supplier.* |

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| **Description** | **No** | **Yes** | **N/a** |
| **Financials** *Is there any evidence that the supplier was facing any financial difficulties that could have had an impact on their ability to supply products or services?*  |  |  |  |
| **Operations** *Is there any evidence that the supplier lacked significant operational controls that could have impacted on their ability to supply products or services as per the organization’s requirement?* |  |  |  |
| **Customer Service / Aftersales** *Did the supplier lack in any aftersales support or provision of customer service?* |  |  |  |
| **Others** *(add any additional requirements here)* |  |  |  |

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| **Evaluation Results***(to be filled by the Procurement Department)* |
| *Has the supplier passed the supplier evaluation?* | **No** | **Yes** |
|  |  |
| **Comments**  |
| **Evaluator Designation** |  | **Evaluation Date** |  |