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KFSH_Partner_Registration_01.

Introduction:

KFSH facilitates Partners to self-register themselves in the application independently by accessing the company's web page. Once Self registration Completed, the registration requests go to the KFSH SCM department for review. Once KFSH SCM/Purchasing Department approves the registration request, the Partner becomes a prospective Partner in the application. Prospective Partners have a restricted level of access. They can participate in Partner qualification initiatives, and they can view and respond to negotiations. Prospective Partners are identified within the application by an icon that indicates their prospective status.

- Oracle I Supplier Portal enables secure, self-service business transactions between KFSH and their Partners.
- It provides Partners with the ability to use a standard Web browser to directly manage business transactions and access secure information.
- Oracle I Supplier Portal provides a collaborative platform for a buyer to manage relationships with their global supply base.
- With Oracle I Supplier Portal, Partners can receive immediate notifications and respond to events in the purchasing process.
- Oracle I Supplier Portal provides the framework that enables buyers and Partners to communicate key business transactions while enabling the ability to search, monitor, revise, and review.

Navigation : Login https://www.kfshrc.edu.sa/en/home

Note: For better performance, kindly use "Microsoft Edge" Browser for Partner Registration activity, kindly clear your browsing history completely or switch to other browser Mozilla/Chrome only if you face any challenges with Microsoft edge





Step 1 : Kindly click <u>E-SERVICES</u> > <u>Partner Services</u>



Step 2: Kindly click READ MORE





Step 3: Kindly click Access to Service



Step 4: Kindly click Register





Step 5: Once you click "register" you will be redirected to https://erpweb.kfshrc.edu.sa/

Please enter all the required information for Local and International Partner

LOCAL PARTNER (Saudi Arabia) – If Partner belongs to Saudi Arabia

•								
Basic Information						Company De	etails	
Prospective Supplier Registration								<u>C</u> ontinue
Indicates required field								
Blank label for instruction text								
Company Details								
At least one tax id is required to be able to complete the registration request.								
* Supplier Name E	NTER YOUR SU	IPPLIER NAME						
* Country(Local Companies)/Tax Country	audi Arabia		ralidate the format of th	Tax Registration Num	ihar and/or Taxpayor ID			
Commercial Registration No.	nere provided, the ta	ax country will be used to v	validate the format of th	rax Registration Nun	iber and/or raxpayer ib			
Supplier Number								
" Brief Description of business and services provided				1				
* Commercial Registration Expirat	tion date:	Čo.						
* VAT registration	n number							
*	GOSI No.							
* GOSI Expira	tion Date	Ċo						
* Saudization Certificate	e number							
* Saudization Expira	tion Date	tio						
* Zakat Certificate	e Number							
* Zakat Expira	tion Date	60						

For the below fields please enter as per the below format if Partner belongs to Saudi Arabia





VAT Registration No.	: 15 Characters (ex. 311222877300003)
Gosi No.	: 9 Characters (ex. 523607413)
Saudization Certificate No.	: 15 Characters (ex. 933851-18223534)
Zakat Certificate No.	: 10 Characters (ex. 1020587898)
SFDA Registration No.	: 6 Characters (ex. C-1606)

Please fill all the fields and click Continue

→ C 😅 erpmob.kfshrc.edu.sa/OA_HTML/OA.jsp?page=,	/oracle/apps,	/pos/onboard/	webui/Pr	rospRegPG	&OAHP=P	OS_GUEST_RE	g_hp&oasf=po.	. ☆	🔒 Incognito	New Chrome available
Prospective Supplier Registration										Continue
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At least one tax id is required to be able to complete the registration request	t.									
* Supplier Name	ENTER YOU	JR SUPPLIER NA	ME							
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Commercial Registration No.	1110775592									
Supplier Number										
\star Brief Description of business and services provided	WE PROVIDI	E MEDICAL SUPI	PLIES ANI	ID EQUIPME	INTS					
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* VAT registra	tion number	3112228883000	003							
	* GOSI No.	723607413								
* GOSI Ex	piration Date	08-Feb-2026	6							
* Saudization Certifi	cate number	933851-162235	34							
* Saudization Ex	piration Date	08-Feb-2026	Co.							
* Zakat Certifi	cate Number	1020588898								
* Zakat Ex	piration Date	08-Feb-2026	Ċœ							
Contact Information										
Blank label for instruction text										
" Representative Email								_		

Step 6: Kindly click "Create". Atleast one entry is mandatory for Address and Bank Account



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В	asic Information						Company D	etails				
Prospective Supplier Registra	ation: Additional	Details							Submit	Save F	For Later	Bac <u>k</u>
Blank label for instruction text												
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	Note to Supplier											
Address Book												
At least one entry is required.												
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Step 7 : Please click the check box for the applicable Classification related to your Organization and click Add sub group and choose the sub group and click save



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Mandatory to	Click here for Supplier Gu	uidelines local				Select Dox Sub Group				
Mandatory R	equired documents : Kindl lassifications		طبي - Medical	0						
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Classification			التصنيف		Applicable					
Construction			۔ إنشاءات وكر ميمات			Add SubGroup				
Construction co	nsultation services		خدمات استشاریة - إنشاءات			Add SubGroup				
Corporate and o	ommunication services		خدمات اتصنالات			Add SubGroup				
Environmental			خدمات بيئية ونظافة			Add SubGroup				
Food			الإعلامة			Add SubGroup				
Furniture			أفت			Add SubGroup				
Health Care ser	vices		خدمات الرعاية الصحية			Add SubGroup				
Information Tec	nology		تكتولوجيا المعلومات			Add SubGroup				
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landatory to Cl	ick here for Supplier Pagi	stration Form				🔒 Confirmation				
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Please choose the Business Classification which is relevant to your Business only

Step 8: Please click Create for entering Bank Details

Banking Details

At least one entry is required.								
Create 💢 😂								
Bank Account Number	Currency	Bank Account Name	Bank Name	Bank Number	Branch Name	Branch Number	Update	Remove
No results found.								

التصنيف

إنشاءات وثرميمات

خدمات اتصبالات

خدمات بنقنة وتظافة

خدمات الرعاية الصحية

الإعاشة

أدات

خدمات استشارية - إنشاءات

Business Classifications

Construction consultation services

Corporate and communication services

Classification

Construction

Environmental

Health Care services

Information Tech

Food

Furniture

Select Box Sub Group

Add SubGroup

عبر طبی - None-Medical طبی - Medical

~

Applicabl

✓

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Step 9 : Please fill all the field. If the Bank Name doesn't exist, kindly choose "New Bank" and fill all the details

reate Bank Account							
Indicates required field							
		* Country	United States 🗸 🗸				
			Account is used for foreig	gn payments			
			Account definition must includ	e bank and branch information.			
ank				Branch			
Existing Bank				Existing Branch			
O New Bank				O New Branch			
	Bank Name BANK OF	AMERICA N 9			Branch Name	HANOVER BRANCH 🔄 🔍	
	Bank Number				Branch Number		
Show Bank Details					BIC		
					Branch Type	ABA 🗸	
				Show Branch Details			
ank Account							
	Account	Number 1458987				Account Name Account holder Name	
	Che	k Digits				Currency US Dollar V	
		IBAN 987654IBAN					
Financial Details							
Financial Details (Annual	Value Of Total Sales for th	e last 3 Years)					
		First Year (Dollars	\$) \$5000				
		Second Year (Dollars	s) \$50000				
		Third Year (Dollars	\$) \$50000				
omments							
Comments to Head of Purch	nasing						
	•						

and click Apply

Step 10: Please fill all the field in Bank Account and Financial Details

			Show Branch Details			
Bank Account						
Account Number	1456987			Account Name	Account holder	r Name
Check Digits				Currency	US Dollar	*
IBAN	987654IBAN					
A Financial Details						
Financial Details (Annual Value Of Total Sales for the last 3	Years)					
	First Year (Dollars \$)	\$5000				
	Second Year (Dollars \$)	\$50000				
	Third Year (Dollars \$)	\$50000				
Comments						
Comments to Head of Purchasing						
		//				

Step 11 : Kindly click here to view all the list of Documents

Please add all the mandatory documents shown in the list, categories mentioned as optional can be excluded, please choose each category and choose file and add the attachment.



S Prospective Supplier Registration	× +								— d	J X
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Insurance services			ىك التأمين	خذه			Add SubGroup			
Investment/Real Estate			/ العقارات	الاستغمار			Add SubGroup		-	
♂TIP Date format example: 24-Jan- Note : Please click applicable cl Banking Details	2024 neck box and clic	ck sub group to cho	bose the group related	I to your Business .						
At least one entry is required.			Add Attachment							
Create 💢 🞜			Add Attachment	L	,					
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			Description							
SFDA Registration num	ber				11					
SFDA Registration Expiration of	late	to	Category	Certificate Copy- Chamber of Commerce (opti	ional) 🗸 🗸					
Attachments			File	Certificate Copy- Chamber of Commerce (opti	ional)					
Attachinents				Certificate Copy- SFDA (optional)						-
Add Attachment				Certificate Copy- Saudization Certificate	ы					
Title Ty	pe Descrip	tion C	ategory Las	Certificate Copy- Zakat Certificate		Usage	Сору	Update	Delete	
No results found.				Certificate copy – General Organization for So	cial Insurance	J -				
				Local Supplier Category						
				Miscellaneous						
Please attach appropriate documents I	ke Quality Assuran	ce Certification, DZIT	Certificate, ISO 9000 Cer	Qualification Category						
* I, the undersigned, warrant that the	he information prov	vided in this form is co	rrect, and in the event of	changes details will be provided as soon as pos	sible					
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) Faisal Specialist Hospital & Research lah@kfshrc.edu.sa International recru	Centre. All rights r itment Riyadh: recr	eserved. P.O. Box 335 uitment@kfshrc.edu.s	4 / Riyadh 11211, Kingdo a Recruitment Madinah:	om of Saudi Arabia +966 11 4647272 Riyadh E ; recruitment-m@kfshrc.edu.sa International rec	Ext:77359 Email: empl cruitment Jeddah: Rec	oyment@kfs ruitment-Jec	hrc.edu.sa Jeddah d@kfshrc.edu.sa	Local Email: e	mployment-	mont
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Step 12 : Repeat the Attachment process until you attach relevant documents for all the below category

- 1. Certificate copy –GOSI
- 2. Certificate copy Zakat Certificate
- 3. Certificate copy General Organization for Social Insurance.
- 4. Certificate copy Saudisation Certificate
- 5. Certificate copy VAT registration Number
- 6. Certificate copy for ETIMAD
- 7. Local Partner Category (applicable for Saudi Arabia Partners Only)

Please download all the documents, review, fill and upload

🔶 C 😅 erpmob.kfshrc.edu.sa/OA_HTML/OA.jsp?page=/oracle/apps/pos/request/webui/AddAddrRequestPG&_ti=1651492761&retainAM=Y&ad... 🏠

Supplier Sample Files For Download





- 8. International Partner Category (applicable for Non Saudi Arabia Partners Only)
- 9. Qualification Category (Please download the document from the Qualification checklist) Note: If one Business Classification and one sub group is selected the Qualification checklist excel document needs to be uploaded once, if two Business Classification and 4 sub group is selected the Qualification checklist excel document needs to be uploaded 4 times.

←		G	25	erpmob.kfshrc.edu.sa/OA_H	TML/OA.jsp?page=/oracle/apps/pos	s/onboard/webui/ProspRegPG&OAHP	=POS_GUEST_REG_HP&OA	SF=PO 🟠	r) 🛛 (🚓 Incognito	New
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L	Food					الإعاشة			Add SubGro	up	
	Furnit	ure				أنات			Add SubGro	up	

Step 13 : After carefully uploading all the attachments , kindly enable the checkbox and click Submit

Please attach appropriate documents like Quality Assurance Certification, DZIT Certificate, ISO 9000 Certificate or equivalent(national or international) click here to view the list of documents

* 🛿 I, the undersigned, warrant that the information provided in this form is correct, and in the event of changes details will be provided as soon as possible

Submit Save For Later Back

Ging Faisal Specialist Hospital & Research Centre. All rights reserved. P.O. Box 3354 / Riyadh 11211, Kingdom of Saudi Arabia | +966 11 4647272 | Riyadh Ext:77359 Email: employment@kfshrc.edu.sa | Jeddah Local Email: employmenteddah@kfshrc.edu.sa | International recruitment Riyadh: recruitment@kfshrc.edu.sa | Recruitment-M@kfshrc.edu.sa