

De ROTHSCILD MEDICAL ANDRESEARCH CENTRE (DRMRC) VENDOR APPLICATION EVALUATION FORM

REF:

SECTION 1: APPLICANT INFORMATION (INDIVIDUAL OR CORPORATE)

1.1 Applicant Type (Type 'Individual' or 'Company/Legal Entity')

1.2 Full Name / Company Name

1.3 Nationality / Country of Registration

1.4 Date of Birth (Individual) / Incorporation Date (Company)

1.5 Identification Number (e.g., Passport, National ID) / Registration Number (Company)

1.6 Website Link (if any)

1.7 Type of Business Entity (if corporate) - Sole Proprietorship / Partnership / Limited Company / Other

1.8 Contact Person

1.9 Contact Email

1.10 Phone Number (WhatsApp/ Telegram)

1.11 Physical Address

SECTION 2 : TIER LEVEL APPLIED

Please "Mark the Box" to indicate the Tier level you are applying for:

☐ Tier 1 – Up to £500,000 per contract☐ Tier 2 – Up to £1,000,000 per contract]☐ Tier 3 – Up to £10,000,000 per contract]☐ Tier 4 – Up to £50,000,000 per contract**SECTION 3: BIOMATERIAL CATEGORY**

Please "Mark the Box" to indicate the Biomaterial category(s) you intend to supply:

☐ Plant-Derived Compounds (including Zilicon Herbal Oil Extract V45 plus)

108 Hatherley Court Hatherley Grove, London, W2 5RG

Company number LP015149 | vendors.application@drmrc.co.uk | www.drmrc.co.uk

Vendor Support Channels –WhatsApp/Telegram: +44 7459 799916





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- ☐ Marine Bioactive
- ☐ Microbial Products
- ☐ Animal-Derived Materials
- ☐ Human-Derived Biomaterials
- ☐ Synthetic/Engineered Biopolymers
- ☐ Other (please specify):

SECTION 4: OPERATIONAL CAPABILITIES & FINANCIAL CAPITAL VALUE

4.1.1 Years in Operation or Industry Experience (if individual)

4.1.2 Do you currently supply biomedical or pharmaceutical products? If yes, list products or materials.

4.1.3 Do you have prior experience in sourcing or exporting biomaterials? If yes, specify countries or institutions.

4.1.4 Are you able to provide product samples upon request?

4.1.5 Do you manage cold chain or temperature-controlled logistics?

4.1.6 Estimated Annual Turnover (Corporate) / Annual Income (Individual)

4.1.7 Average supply order value You Can Independently Fund (USD)

4.1.8 Maximum supply value per order (USD)

4.1.9 Preferred Payment Method for Supplied goods (Bank Wire Transfer/ check /other)

4.10 Do you have access to working capital or credit facilities? Describe the source.

4.11 Financial Attestation and Requirements

I confirm I/we have the financial liquidity to fulfill contracts within the selected tier.

Required Documents:

- Valid ID or Passport (for individuals) / Company Rep
- Certificate of Incorporation or Business License (for corporates)

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- Bank Account Statements (Last 6 Months) bank statement showing current balance
- Bank Reference Letter or Proof of Banking Facility (for corporates)
- Tax Identification or Clearance Certificate

SECTION 5: COMPLIANCE , ETHICS & CERTIFICATIONS

5.1 Can you provide legal documents (ID, registration, tax certificates, and trade licenses)?

5.2 List certifications (e.g., GMP, GDP, and ISO) relevant to biomedical/pharma supply.

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5.3 Do you have an ethics or anti-bribery policy?

5.4 Have you been sanctioned or banned from trade in any jurisdiction? If yes, explain.

5.5 Are you willing to sign a non-disclosure and non-circumvention agreement?

5.6 Are you willing to undergo periodic compliance reviews?

SECTION 6: BIO-MEDICAL MATERIAL SOURCE & CAPABILITY

Countries or regions you currently source from:	
Certified laboratory/test facility partners:	
Logistics and delivery capabilities:	
Previous experience with pharmaceutical clients:	

SECTION 7: ADDITIONAL SUPPORTING DOCUMENT

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SECTION 8: DECLARATION

I hereby confirm that all information provided is true and accurate to the best of my knowledge. I understand this information will be used to assess my eligibility as a certified vendor or agent.

Full Name

Position/Title (if applicable)

Signature

Date

Company Stamp/Seal (if applicable)

