



Identification of Initiator

1. Name			
2. Phone			
3. Email			
4. Name of the Initiator's organization			
5. Date of request			
6. Level of urgency	6a. Routine	6b. Emergency	
7. Requested action	7a. New NCAGE	7b. Update of existing NCAGE <i>(If Yes, write the NCAGE requested to be updated)</i>	

Identification data of the requested Entity

8. Entity Name			
9. Entity Name in Arabic			
10. Registration Number			
11. Type of Entity	11a. Private	11b. Governmental	11c. Individual
	11d. Military	11e. Supranational	11f. Other

Official Address

12. Street Address	Building No:	Street No:	Zone No:
13. City			
14. Country			

Postal Location

15. Street Address	
16. City	
17. Post Office Box	
18. Country	

International Contacts

19. Emails	1.	20. Phone Numbers	1.
	2.		2.
	3.		3.
	4.		4.
	5.		5.

**REQUEST FOR
ASSIGNMENT OF NCAGE**



21. Website URL					
22. Fax Number					
Internal Technical Contacts for communication with QNCB					
23. Name					
24. Phone Number					
25. Email					
Parent Company and Affiliated Company/Organization					
26. Is your entity associated with other entity		Yes	No		
27. Currently affiliated with <i>(If Yes, please specify)</i>					
28. Previously affiliated with					
Additional Information					
29. Primary Business Category (choose at least one)	29a. Manufacturer of goods		29b. Vendor of goods		29c. Supplier of goods
	29d. Service provider		29e. Development of public Standards		29f. Designer of goods
	29g. Other (please specify)				
30. Former NCAGE	30a. Was a NCAGE Code Previously Allocated for the Entity? <i>If Yes, provide the former NCAGE.</i>				
	30b. Former Entity Name <i>(if different from the current Name of the entity)</i>				
31. Reason for requiring NCAGE (choose at least one)	31a. Do you have any affiliated Business with Qatar Armed Forces? <i>If Yes, provide the Contract Identifier.</i>				
	31b. Do you have any affiliated Business with other Armed Forces or NATO Agency? <i>If Yes, provide the Name of the Entity who signed the Contract and Contract Identifier.</i>				
	31c. Is NCAGE Requested for the System for Award Management (SAM)? <i>If Yes, Provide the Name of Entity requesting the NCAGE.</i>				
	31d. Is NCAGE needed for an Invitation to Tender by QAF? <i>If Yes, provide the Name of the Entity requesting the NCAGE.</i>				
	31e. Is NCAGE needed for an Invitation to Tender by other Armed Forces or NATO Agency? <i>If Yes, provide the Name of the Entity requesting the NCAGE.</i>				
	31f. Other (please specify)				



Form- Instructions

Notes:

- a) This Form is intended for Qatari Industry and other entities to request an NCAGE.
- b) This Form should be filled out and submitted only by entities located in Qatar. Forms sent by a foreign entity will not be processed.
- c) This Form is for requesting/updating NCAGEs only for entities located in Qatar. It is not possible to request NCAGE for entities located abroad with this Form.
- d) The person, who initiates the request for new NCAGE – Initiator - should complete Part A of the Form - Fields no.1 to no. 32 and send the Form to QNCB by email to: qncb.ncage@qaf.mil.qa with the subject of the message: 'REQUEST FOR NCAGE'.
- e) Fields highlighted in blue with an asterisk after the field title are mandatory and must be filled out.

Instructions for Completing the Fields of the Form

1. **Name** - Fill in the Name of the Initiator requesting the NCAGE assignment.
2. **Phone** - Fill in the Phone Number used for official communication.
3. **Email** - Fill in the Email Address used for official communication.
4. **Name of the Initiator's organization** (in case the Initiator is not from the organization for which the NCAGE is requested). Fill in the name of the entity of which the initiator is an employee. If the initiator is a person without a commercial register (e.g. he/ she only provides services for an entity), enter "INDIVIDUAL" to the field. If the Initiator is from an entity for which the NCAGE is required, leave the field empty.
5. **Date of Request** - Enter the date the Initiator submitted the request for further processing. Enter the date in YYMMDD Format, for example 240110.
6. **Level of Urgency** - Select the level of Urgency. Use the "Emergency" level only in case of real necessity. In that case, contact the QNCB by phone or email and explain the reasons for the urgent processing of the request.
7. **Requested Action** - Choose from options a or b. If an update of existing Qatari NCAGE is required, write the requested NCAGE in Field no. 7b.
8. **Entity Name** - Enter the full Name of the Entity. Do not use abbreviations unless they are a regular part of official name of the entity. Enter the Name in the English alphabet – do not translate the meaning of the Name into English language. For legal and commercial entities located in Qatar the name of the entity must exactly follow the name from the State of Qatar Business Map – stated in their registration with the Ministry of Commerce and Industry. For Individuals, the name of the entity must exactly follow the name of the person as shown on the Qatar ID.
9. **Entity Name in Arabic** (if applicable) - Enter the Name of the entity in Arabic if it is used in a company's official documents (e.g. Contract with QAF, Certificates etc.) provided to QAF or in the communication within QAF authorities. This Field is a national field – not subject to international data exchange. This information is only used internally within QAF and not sent abroad.

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10. **Registration Number** - For commercial entities located in Qatar enter the Commercial Registration Number assigned by the Ministry of Commerce and Industry.
11. **Type of Entity** - Choose one from options a, b, c, d, or e. If there is another specific Type of Entity required, state it in Field no. 32f.
12. **Street Address** - Enter the official, registered address of the entity - usually the address of the Headquarters of the entity. Enter the address in the English alphabet. The address should follow the mandatory format for addresses in Qatar (Blue plate). If the NCAGE is requested for an entity where the office is located in a residential building, the address must also include the Unit Number. If the NCAGE is requested for individuals the address must also include the apartment number.
13. **City** - Enter the city where the entity (usually the Headquarters of the entity) is located. Enter the city in the English alphabet. Use the official name of cities and municipalities in Qatar.
14. **Country** - Enter the 3-letter code QAT or Qatar.
15. **Street Address** - Leave the Street Address field empty.
16. **City** - Enter the City, where the Post office providing the postal services for the entity is located. Enter the City in the English alphabet, use the official name of cities and municipalities in Qatar.
17. **Post Office Box** - Enter the Post Office Box number for the Postal Address of the entity if available.
18. **Country** - Enter the 3-letter code QAT or Qatar.
19. **Email** - Enter the email used by the entity to communicate with the users of your products or services. Enter a maximum of 5 entries to the Email contacts. As additional contacts, list persons capable of answering technical questions about your products and services and give priority to contacts that are in readily available. Use generic/permanent e-mails for the entity - do not use private e-mails of employees.
20. **Phone Number** - Enter the Phone numbers used by the entity to communicate with the users of your products or services. Enter a maximum of 5 entries to the Phone Numbers. As additional contacts, list persons capable of answering technical questions about your products and services and give priority to contacts that are readily available. Preferably use land line and generic telephone numbers for the entity. Do not use private telephone number of employees. The telephone number must be recorded in the format for an international call - with the country code indicated. All local Qatar numbers must be entered with code +974.
21. **Website URL** - Enter the Website URL used by the entity to communicate with the users of your products or services.
22. **Fax Number** - Enter the Fax number used by the entity to communicate with the users of your products or services if available. The fax number must be recorded in the format for an international call - with the country code indicated. All local Qatar numbers must be entered with code +974.
23. **Name** - Enter the name of the person who is responsible in the entity for communication with the QAF authorities regarding the codification and use of your products or services provided. This Field is a national field. The information is only used internally within the QNCB and not sent abroad.
24. **Phone Number** - Enter the Phone Number of the person who is responsible in the entity for communication with the QAF authorities regarding the codification and use of your products or services provided. This Field is a national field. The information is only used internally within the QNCB and not sent abroad.

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25. **Email** - Enter the Email of the person who is responsible in the entity for communication with the QAF authorities regarding the codification and use of your products or services provided. This Field is a national field. The information is only used internally within QNCB. The information is not sent abroad.
26. **Associations with Other Entities** - Indicate If the entity is currently associated with any other entity.
27. **Currently Affiliated with** (please specify if any) - If the entity is currently associated with any other entity, enter the name of the entity and indicate the type of affiliation eg. branch, subsidiary, etc.. Include the NCAGE of the entity, if available.
28. **Previously affiliated with** (please specify if any) - If the entity has previously been associated with another entity, enter the name of the entity and indicate the type of association, e.g. branch, subsidiary, etc. Include the NCAGE of the entity, if available..
29. **Primary Business Category** (chose at least one) - Choose from options a, b, c, d, e or f. If there is another specific Business Category required, state it in Field no. 29g. The selected business categories must be in accordance with the data in the Ministry of Commerce and Industry registration.
30. **Former NCAGE** - If an NCAGE was previously assigned to the entity please specify it in Field 30a. If the former name of the Entity is different from the current name please specify it in Field 30b.
31. **Reason for requiring NCAGE** (choose at least one) - Choose from options a, b, c, d or e and specify the required information as shown. If there is another specific reason for requiring a NCAGE, please specify it in Field no. 31f.