

## Vendor Pre-Qualification Form

### Part A - General Information

1. Name of Company:

Business Address:

Website:

2. Main Point of Contact:

Position:

E-mail Address:

Mobile Number:

Please provide the names of any other persons authorized to act on your company's behalf.

Name	Designation

3. Legal Status of Company (tick appropriate box):

- a. Sole Trader
- b. Partnership
- c. Public Limited Company
- d. Private Limited Company
- e. Other (Please state)

4. Date & Place of Company Formation

Date of Company Formation:

Place of Company Formation:

Date of Company Registration:

Company Registration Number:

Certificate Enclosed: YES

NO

Registered Address of Company:

Brief description & history of Company's primary business:

5. Is the Company a consortium joint venture or other similar agreement? YES NO

If YES, please provide details of constitution and percentage shareholdings:

Individual/Entity	Address	% Shareholdings

6. Does the Company have any affiliation with GYSBI partners, i.e. LED Offshore Ltd., Pacific Rim Contractors, TotalTech Oilfield Services Inc., Muneshwers Ltd.? YES NO

Please Specify:

7. Registration with Professional Bodies

Confirm if you are Registered with any trade or professional bodies: YES NO

Please Specify:

**Part B – Financial Details**

1. Name of Principle Bankers:

Address of Principle Bankers:

Please attach Banker's Reference.

2. Accounts Information: Please provide full report and copy of audited accounts for the past 3 years if available.

3. Please provide the following information for the past 3 years if available:

- a. Overall turnover per year
- b. Current Assets
- c. Current Liabilities
- d. Any Long-Term Liabilities
- e. Net Assets
- f. Number of Staff

4. Insurances: Please provide evidence of Employer's Liability, Public Liability and any Professional or Indemnity Insurances.

Insurances Enclosed: YES

NO

5. Litigation: Please provide a written statement of any pending or threatened litigation or other legal proceedings if any.

**PART C – Technical or Professional Ability**

1. Please provide details of the number of staff currently employed
  - a. Permanent Staff
  - b. Temporary or third-party staff
  - c. Total staff turnover (as a percentage of overall staff) over the past 3 years if available
  - d. Please confirm all individuals employed by your company have the relevant valid certification and/or licenses to conduct the work they are employed to do. YES  NO

**Part D – Specific Questions**

1. Please provide details of any Quality Assurance systems you are currently operating or implementing.
2. Please describe your internal controls to manage delivery of goods, and/or services, to ensure on time and within specification delivery.
3. Please provide details of the Safety, Security & Health System you are currently operating or implementing.
4. Please confirm all, if any, SSHE breaches within the past 5 years, i.e. LTI's, MTC's etc.

5. Do you have a written substance abuse policy?  
*If yes, please supply a copy.* No
6. Who is ultimately responsible for SSHE within your company?
7. Do you have a system for identifying SSHE hazards and managing risks?  
*If yes, please provide a copy.* No
8. Do you have a written emergency plan?  
*If yes, please provide a copy.* No
9. Do you have a written incident reporting and investigations procedure?  
*If yes, please provide a copy.* No
10. Please provide details of the Environmental Plan you currently operate.