Receipt No: _____

Date: _____

PREQUALIFICATION QUESTIONNAIRE

Appendix A

PACKAGE #1

PRE-QUALIFICATION AND REGISTRATION
OF CONTRACTORS

FOR

GENERAL BUILDING/CIVIL/STRUCTURAL WORKS

Please indicate in which category or categories you wish to pre-qualify:-

[*Please Tick (√)*]

(a) Civil Works/Structural Works ☐
(b) General Contractor (Buildings) ☐

(Please indicate under which price range/s you wish to pre-qualify) - Please Tick (√)

☐	Very Large	-	Over $20 million
☐	Large	-	$10 million to $20 million
☐	Medium	-	$5 million to $10 million
☐	Small	-	$1 million to $5 million

We confirm that we have the financial resources (including estimated bank credit to finance works) in the categories selected above:

Name of Organization/Company/Stamp

Date:

Appendix B

PARTICULARS OF CONTRACTORS

A. THE ORGANIZATION/COMPANY

Company Name: ……

Business Address: ……

……

Postal Address: ……

(If different from above)……..……

Phone No.: …… Fax No.: ……

E-Mail: ……..

	Name	Profession (if any)
Directors:	……	……
	……	……
	……	……
	……	……

Place of Registration: ……

Date of Registration: Year:……. Country: …….

Type of Organization: *(Indicate by using a tick to mark the type of organization)*

- ☐ Sole Trader
- ☐ Partnership
- ☐ Limited Liability Company
- ☐ Joint Venture
- ☐ Private Company
- ☐ Consortium
- ☐ Other (Please Specify) …….

FOR LIMITED LIABILITY COMPANIES:

Authorized Share Capital: …… Shares of $ …… each

Issued & Fully Paid Up: ……... Shares of $ …… each

B. CERTIFICATES

a) Income Tax Certificate ☐No ☐Yes #……

b) NIS Compliance Certificate ☐No ☐Yes #……

c) VAT Registration Number ☐No ☐Yes #……

☐VAT Exemption Cert.#

d) Certificate of Registration/

Incorporation/Continuance ☐No ☐Yes ☐N/A

(Provide copies of all documents referred to above where applicable)

C. FINANCIAL RESOURCES

(a) Financial Statements must be provided for the **three (3) most recent years** or for as long as the business existed if less than three (3) years.

(b) Gross Annual Revenue (Do not leave blank)

YEAR	AS PRINCIPAL CONTRACTOR $	AS ASSOCIATED FIRM $	TYPE OF SERVICE

(c) Bank or other Financial Reference _____

_____

(d) Indicate any surety person or bank or financial institution prepared to stand as surety for you and sign a Performance Bond in the event you are awarded a contract. Indicate the amount that can be guaranteed.

_____

_____

_____

(e) Indicate any person or bank or financial institution prepared to provide a tender bond for you if required.

_____

_____

_____

(f) Quantify the financial resources at your disposal for the undertaking of projects (Credit facilities, financial supporters etc.)

_____

_____

_____

(g) Copies of letters from Financial Institutions and surety companies should be submitted to substantiate the above financial details.

_____

_____

_____

D. WORK EXPERIENCE – **ANNEX I**

List the major projects carried out in the last five (5) years. Projects listed should correspond as closely as possible with work under consideration.

PROJECT DESCRIPTION	COMPLETION	VALUE TT$ (NON VAT)	CLIENT

No. of years experience as a General Contractor: _____

No. of years experience as a Sub-Contractor: _____

[***Please provide details in the above format in a separate sheet and attach as Annex I to this form]***

E. PERSONNEL – **ANNEX II**

State key personnel PRESENTLY EMPLOYED by the company who will be available for work on the projects:

[***Please provide lists in the following format in a separate sheet and attach as Annex II to this form***]

(i) *Managerial*

NAME	POSITION	NATIONALITY	PROFESSION (if any)	YEARS EXPERIENCE

(ii) *Professional*

NAME	POSITION	NATIONALITY	QUALIFICATION	YEARS EXPERIENCE

(iii) *Skilled*

TYPE OF SKILL	TRADE QUALIFICATION (if any)	NO. AVAILABLE

(iv) *Unskilled*

Number Available ……..

F. PLANT & EQUIPMENT RESOURCES – **ANNEX III**

ITEM	CAPACITY/SIZE	NO.	AGE

Give details of Plant and Equipment PRESENTLY OWNED by the company/organization, which will be available for use on projects.

Provide listing of equipment to be utilized on jobs including quantity, for example:

- Earth moving Equipment
- Transport Equipment
- Specialist Equipment
- Cranes, hoists, lifting equipment
- Scaffolding etc.
- Other (please specify)
- Office Equipment
-
-
-
-
-

The following format is provided as a guideline in which this information is to be provided in a separate sheet and attached as Annex III:

AVAILABLE EQUIPMENT

NO.	ITEM	MAKE & MODEL	YEAR OF MANUFACTURE	LOCATION	OWNERSHIP (leased, owned, rented, mortgaged)

(i) Does the firm depend solely on in-house equipment ☐ Yes ☐ No

(ii) If no, please state the percentage sourced presently _____%

(iii) Provide letter stating name of plant and equipment supplier(s) and details of equipment to be provided.

G. HEALTH & SAFETY POLICY:

Does your firm have a written Environmental, Health and Safety Policy ☐ Yes ☐ No

H. ADDITIONAL INFORMATION

Any additional information which cannot be covered in this form or where the space provided is insufficient, additional sheets of paper can be submitted.

(a) List any projects, which your organization was awarded but failed to complete together with reason for such failure. (Do not include work presently in progress, which is neither delinquent nor in default).

CONTRACT AMOUNT	BRIEF DESCRIPTION	DATE OF AWARD	NAME/ADDRESS OF OWNER

(b) List any projects, which your organization was awarded but failed to complete within the approved contract period with reason for such failure.

CONTRACT AMOUNT	BRIEF DESCRIPTION	START DATE	COMPLETION DATE	NAME/ADDRESS OF OWNER

(c) Listing of projects in progress and contract value.

NO	CONTRACTS AWARDED	CONTRACT VALUE OF WORK
	TOTAL	

(d) Provide names of officials to whom inquiries may be directed for projects in progress. If none, state none.

NAME	CONTRACT TYPE	EXPECTED DURATION (DATES)	VALUE	NAME AND ADDRESS OF OWNER

(e) Track Record and Project Experience.

Using the following format, list the major projects worked on during the last three (3) years:-

PROJECT	COUNTRY	CLIENT/ CONTACT PERSON	TYPE OF WORK DESCRIPTION OF PROJECT	TENDER SUM	FINAL COST	ORIGINAL COMPLETION DATE	ACTUAL COMPLETION DATE	REMARKS COST/ TIME OVERRRUNS

Give reasons under remarks of the projects in which there were increases over the tender sum and original completion dates.

(a) Are you willing to have your past projects inspected? ☐ Yes ☐ No

(b) Can you arrange for such inspections? ☐ Yes ☐ No

I. OTHER INFORMATION – LITIGATION

(a) Has the company, or any constituent part, ever been liable for failing to fulfill a contract? ☐ Yes ☐ No

If yes give brief detail……

……

……

(b) Have liquidated damages ever been levied against the company, or any constituent part? ☐ Yes ☐ No

If yes give brief detail……

……

……

(c) Has the company, or any constituent part, ever been placed in:

Receivership? ☐ Yes ☐ No

Liquidation? ☐ Yes ☐ No

If yes give brief detail……

……

J. CLIENT REFERENCES [Minimum of three (3)]

NAME	ADDRESS	TYPE OF WORK DONE

(a) Copies of letters from Financial Institutions and Clients should also be submitted

(b) Permission to refer to Reference ☐ Yes ☐ No

(c) Does your company have an Industrial Agreement with a Trade Union ☐ Yes ☐ No

Name of Union: _____

_____

Agreement Registered No.: _____

Recognition Certificate No.: _____

Date of Expiry: _____

Appendix C

SWORN AFFIDAVIT

STATEMENT OF SUBMISSION

The undersigned hereby certifies that the information submitted in this application and questionnaire is true and correct to the best of my knowledge and belief. It is expressly understood that, if any of the information provided herein is found to be false or misleading, it may result in disqualification of the applicant and/or termination or suspension of the Applicant.

It is also understood that this information will be used to register this organization/company with The University of the West Indies and that registration in this system does not guarantee the availability or award of any contracts and hereby waive all claims resulting from errors or omissions.

The undersigned hereby also certifies that he/she is authorized to execute and submit this form of pre-qualification.

…….

Name of Authorized Persons (BLOCK LETTERS)

…….

Signature

…….

Date

…….

Position in Company/Organization

……

Company Seal or Organization Stamp

……

Justice of the Peace