

# NABI/KCL Oilfield Construction Services Guyana (JV)

Doc. No:GUY-PQ-001 2021

Rev. No: A

Issue Date: 29<sup>th</sup> April,2021

## SUPPLIER PRE-QUALIFICATION QUESTIONNAIRE

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### INTRODUCTION

NABI/KCL Oilfield Construction Services Guyana (JV) is in the process of pre-qualifying Contractors and Suppliers for an upcoming project in Guyana.

### GENERAL INSTRUCTIONS

You are required to complete the following prequalification questionnaire that would be used to assess your capability and suitability.

This prequalification exercise shall not be construed as a guarantee of work. NABI/KCL JV reserves the sole right to register Suppliers deemed suitable to meet its contractual requirements and is not bound to register any Supplier applying for registration in accordance with this application.

Only one Company Affiliate, Agent, or Intermediary is eligible to prequalify in the same work category.

The Supplier shall be responsible for any expenses incurred in responding to this Supplier prequalification. NABI/KCL JV shall not be responsible or liable for any costs, regardless of the outcome of the process.

Supplier shall complete the questionnaire as requested. Failure to do so may result in our inability to process the application.

Enquires and submittals related to this Supplier Prequalification Questionnaire are preferred in electronic format and should be directed to: [recruitment@nabi-kcl.com](mailto:recruitment@nabi-kcl.com)

### PRE-QUALIFICATION INSTRUCTIONS

NABI/KCL JV recognizes that in order to effectively manage the risks we are exposed to, we must manage all aspects of operations including the work done by our contractors. To achieve this, we shall select competent contractors and monitor their performance to ensure they are working in a safe manner.

As such you are asked to complete the following form with accurate and detailed responses. You are asked to answer all questions. Where not applicable please state N/A.

- This document serves to pre-qualify Subcontractor and Suppliers. Further and specific health and safety arrangements may be requested from you if you have been successfully awarded a contract to work on behalf of NABI/KCL JV.
- If your organization is certified to the STOW Program or ISO 14001; 45001 Standards, they are exempted from completing Section B and C of this form. Please submit a copy of the valid certificate(s).

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- NABI/KCL JV holds the right to visit the contractor's site/operations at any time to audit their health and safety arrangements for compliance to legal and company HSE requirements. Also with the intent of verifying the information submitted herein.

If the spaces provided are insufficient, supplemental sheets can be added in an organized manner. Please state the section/question you are referring to in the supplemental sheet(s).

### Instructions:

- All persons are required to complete **ALL** Sections of this Document.
- SECTION 6 - Contractors with less than 5 employees are required to complete this section
- SECTION 7 - Contractors with more than 5 employees are required to complete this section

### **REGISTRATION ON THE GUYANA CLBD WEBSITE**

In order to undertake works in Guyana your company **MUST** register on the Centre for Local Business Development (CLBD) Portal website via this link [www.clbdportal.com](http://www.clbdportal.com)

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MENU	
1	<a href="#">Company Data</a>
2	<a href="#">Contact Information</a>
3	<a href="#">Other Information</a>
4	<a href="#">Financial</a>
5	<a href="#">Quality</a>
6	<a href="#">Health and Safety</a>
7	-
8	<a href="#">Skills, Competence and Training</a>
9	<a href="#">Previous Experience   References</a>
10	<a href="#">Products &amp; Service</a>
11	<a href="#">Local Content</a>
12	<a href="#">Attachments</a>
13	<a href="#">Declaration</a>

1	COMPANY DATA		<a href="#">Menu</a>
1.1	<b>Company Name</b>		
	Enter the Full Company Name		
	Previous Company Name		
	Common Name		
1.2	<b>Contact Information</b>		
	Address		
	Address Line 1		
	Address Line 2		
	Town or City		
	County, Region or State		
	Postcode		
	Country		
	Telephone (With Country Code)		
	Fax (With Country Code)		
	Email		
	Company Website		
1.3	<b>Business Overview Statement</b>		
	Statement (or attach Company profile)		
	Comments		

2	GENERAL SUPPLY ENQUIRES CONTACT		<a href="#">Menu</a>
	Title		
	First Name		
	Last Name		
	Job Title		

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Address Line 1	
Address Line 2	
Town / County	
Postcode	
Country	
Telephone (with Country Code)	
- Landline	
- Mobile	
- Fax	
Email	

<b>3</b>	<b>OTHER INFORMATION</b>	<a href="#">Menu</a>
<b>3.1</b>	<b>General Company Information</b>	
	Company Type (Service or Material)	
	Country of Registration	
	Name of Regulatory Authority	
	Company Registration Number	
	Registration Year	
	VAT Registration Number	
	No. of Employees	
	Please provide organization chart	
<b>3.2</b>	<b>Company Ownership</b>	
	Do you have a parent company?	
	If Yes, state Parent Company Name	
	Is the registered Company / Organization a wholly owned subsidiary?	
	If No, list shareholders	
	Shareholder 1	
	Shareholder 2	
	Shareholder 3	
	Shareholder 4	
	Please give details of any changes of ownership of your company that have taken place in the last five (5) years.	
	Comments	
<b>3.3</b>	<b>Company Relationships</b>	
	Are any of your Principle Shareholders, Partners, Directors or Co-Owners NABI/KLC JV Employees?	

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	Any Company Affiliates, including Agents or Intermediaries who currently supply to NABI/KCL JV?	
<b>3.4</b>	<b>Company Size</b>	
	Number of full-time staff involved in this business	
	Office Capacity (sq. ft.)	
	Workshop Capacity (sq. ft.)	
	Storage Capacity (sq. ft.)	

<b>4</b>	<b>FINANCIAL AND DUE DILIGENCE</b>		<a href="#">Menu</a>
<b>4.1</b>	<b>Financial Details</b>		
	The banking information in 4.1 must also be included and attached on the Suppliers Company letter head.		
	Bank Name		
	Bank Address		
	Country		
	<b>Provide list of credit references i.e. Bank, Financiers, etc.</b>		
	Organization Name	Contact Name	Telephone No.
<b>4.2</b>	<b>Litigation and Dispute Resolution</b>		
	Has your company been involved in any material litigation in the past 5 years (whether as claimant, defendant or third party)? If so, please provide details.		
	Is your company aware of any outstanding material notices, judgments, orders, decrees, arbitral awards or decisions of a court, tribunal, arbitrator or governmental authority involving it which would have an adverse effect upon its ability to perform its obligations under the proposed contract? If so, please provide details.		
	Does your company or any of its owners have any criminal convictions for offenses involving corruption?		
<b>4.3</b>	<b>Insolvency</b>		
	Please confirm that your company is not insolvent and has not stopped, or threatened to stop, paying its debts as they fall due.		
	Please confirm that no order has been made and no resolution has been passed for the winding up of your company and, so far as		

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	your company is aware, no petition has been presented or threatened for the purpose of winding up your company.	
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5	QUALITY	
	Do you have a documented quality policy authorized by a senior officer? If so, please attach.	
	Is the system ISO certified?	
	<b>If Yes:</b> Please submit copy of certificate and insert the certificate number here.	
	<b>If No:</b> Provide a copy of document/ procedure index from your Quality Assurance Manual.	

6	HEALTH AND SAFETY: CONTRACTORS EMPLOYING LESS THAN 5 PERSONS		<a href="#">Menu</a>
6.1	Does the employee(s) in your company have any HSE Training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, give a summary of the HSE Training received.		
6.2	Have you had any previous work-related incidents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(Attach a summary of your company's incidents for the last three years)		
6.3	Do any of your employees have any previous or persisting health issues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Worker(s) Name(s)	Health Issue	
6.4	Have you any court matters, notices or fines arising from health and safety matters?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.5	Do/does your worker(s)/company have the required certifications and license in the relevant field(s)? <b>If "Yes" attach a copy</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.6	Please attach three references (within the last year)		

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7 HEALTH AND SAFETY: CONTRACTORS EMPLOYING MORE THAN 5 PERSONS		<a href="#">Menu</a>	
7.1	Does your company have an HSE Policy? <b>If yes please attach a copy.</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.2	Is there a person in your company that is responsible for HSE Management functions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please state the name and details for this person:			
Name _____			
Position in the Company _____			
Contact Number _____			
7.3	Does your company have any pending court cases related to Health and Safety?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.4	Is there a system in place to ensure that all employees are aware of HSE responsibilities and expected behavior?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.5	Is there a system in place to ensure that HSE documentation is maintained? (e.g. JSA, Toolbox etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.6	Are any of your employees Fire Safety or First Aid trained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.7	Does the company have a written procedure for reporting Incidents and Accidents? If yes, please attach.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.8	Are statistical records of incidents and accidents maintained? <b>Provide statistics for the last three (3) years.</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.9	Were any fines or notices issued from the OSH Agency to your company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.10	Do you have a vehicle/ equipment maintenance plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "No" go to question 7.13			
7.11	How often are your equipment and vehicles checked to ensure proper and safe working conditions are maintained?		
7.12	Please describe your company's equipment maintenance program.		
7.13	Does your company have a strategy for managing risk? (E.g. Risk Assessments).	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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	If yes, please attach a copy.				
7.14	How is the risk from your company's day to day operations managed?				
7.15	How is the performance of your HSE system monitored and managed?				
7.16	How are corrective actions managed by your organization?				
7.17	How are health hazards managed by your organization?				
7.18	How are environmental hazards managed by your organization?				

<b>8</b>	<b>SKILLS, COMPETENCE AND TRAINING</b>	<a href="#">Menu</a>
<b>8.1</b>	<b>Company Approach</b>	
	Do you define and make available competence requirements for all products / jobs?	
	Comment	

<b>9</b>	<b>PREVIOUS EXPERIENCE   REFERENCES</b>	<a href="#">Menu</a>
	<b>Name of Client -1</b>	
	Project / Asset Name	
	Dates Supplied From	



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	Dates Supplied To	
	Indicative Value band of work undertaken during the above period	
	Description of Product/Service provided	
	Client reference - Contact details	
	<b>Name of Client - 2</b>	
	Project / Asset Name	
	Dates Supplied From	
	Dates Supplied To	
	Indicative Value band of work undertaken during the above period	
	Description of Product/Service provided	
	Client reference - Contact details	
	<b>Name of Client - 3</b>	
	Project / Asset Name	
	Dates Supplied From	
	Dates Supplied To	
	Indicative Value band of work undertaken during the above period	
	Description of Product/Service provided	
	Client reference - Contact details	
<b>9.1</b>	<b>Supply Experience</b>	
	Please provide a list of Sub-Suppliers you would potentially use in support of this work	
	Please provide details of ALL formal authorized agency and distributor agreements you have in place. (Please attach letters of recommendation from your nominated Principles)	
	How is Supplier performance monitored within your organization?	
	State what selection process you use to evaluate and select potential Sub-Suppliers	
9.2	Indicate the size of project your company can perform: (US Dollars)	
	<input type="checkbox"/> \$250k-\$450k <input type="checkbox"/> \$450k-\$700K <input type="checkbox"/> \$700k-1.5M <input type="checkbox"/> Over \$1.5M	
9.3	On a separate sheet, please list major local and or international construction projects your organization has completed during the past 5 years, giving the name of project, Owner, Architect, contract amount, date of completion (or percent complete and scheduled completion date for work in progress) and percentage of the cost of the work performed with your own forces (include additional pages where necessary)	
9.4	Total value of work in progress: ( ) US Dollars	

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9.5	Total value of work under contract:( _____ ) US Dollars
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<b>10</b>	<b>PRODUCTS AND SERVICES</b>	<a href="#" style="color: white; text-decoration: none;">Menu</a>
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10.1	<b>Products and Services Description</b>
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<p><b>SERVICES</b></p> <p><b>Please list:</b></p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>	<p><b>MATERIALS</b></p> <p><b>Please list:</b></p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>
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- Please include your main list of products / manufacturer that you represent.
- You can also attach your product Catalogue / Portfolio of Products / Service.
- Include as many lines as you deem necessary.

1		2	
3		4	
5		6	
7		8	
9		10	

10.2	<b>List of Equipment owned with proof of ownership</b>
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1	
2	
3	
4	
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<b>11</b>	<b>LOCAL CONTENT IN GUYANA</b> <b>(This section is to be completed by Foreign Supplier only)</b>		<a href="#">Menu</a>
	Please describe your policy towards the employment and hiring of national citizens and other persons with permanent rights to work in-country, highlighting experience in Guyana with both non-indigenous and indigenous persons.		
	Please describe your experience in providing training during contract execution to develop the skills and competencies of national citizens and persons with permanent rights to work in-country, highlighting experience in Guyana.		
	Have you registered with the Centre for Local Business Development in Guyana?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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12	ATTACHMENTS	<a href="#">Menu</a>
<p><b>Summary List of Attached Documentation:</b> All supporting documentation that you referenced in this Supplier Evaluation Questionnaire must be listed below.                      - Insert as many additional lines as necessary.</p>		
<b>No.</b>	<b>Document Name / Title</b>	
<input type="checkbox"/>	Statutory Documents	
<input type="checkbox"/>	VAT Registration Certificate (if applicable)	
<input type="checkbox"/>	Workman's Compensation	
<input type="checkbox"/>	TIN/BIR Registration Certificate	
<input type="checkbox"/>	NIS Registration Certificate	
<input type="checkbox"/>	Copies of Insurance Certificates	
<input type="checkbox"/>	Audited Financial Statements (last 3 yrs.) <ul style="list-style-type: none"> <li>• Statement of Financial Position (only)</li> <li>• Statement of Comprehensive income (only)</li> </ul>	
<input type="checkbox"/>	Organisational Chart	
<input type="checkbox"/>	HSE Certification (if applicable)	
<input type="checkbox"/>	Evidence of Environmental Policy	
<input type="checkbox"/>	Evidence of HSSE Policy or Manual	
<input type="checkbox"/>	ISO - 9001 Certification	
<input type="checkbox"/>	Evidence of Quality Policy or Manual	
<input type="checkbox"/>	Agency / Principle / Distributorship Letter	

13	DECLARATION		<a href="#">Menu</a>
	<b>Prepared by</b>	<b>Authorized by</b> (The person authorizing this form must be of the requisite level within the organization.)	
	Date		
	Name		
	Job Title		
	Signed		

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PRE-QUALIFICATION CRITERIA		<a href="#">Menu</a>
CRITERIA	MAXIMUM POINTS	
Organization	10 points	
Legal Requirements	10 points	
References	10 points	
Equipment	10 points	
Finance	10 points	
Technical Competence and Support	25 points	
Safety	25 points	
<b>Total</b>	<b>100 POINTS</b>	
<ul style="list-style-type: none"> <li>• A minimum passing score of 50% must be met for each criterion</li> <li>• A minimum overall score of 70% must be met to pre-qualify</li> </ul>		

THIS SECTION IS FOR INTERNAL NABI/KCL JV USE ONLY.		<a href="#">Menu</a>
	Reviewed by	Approved by (Head of Supply Chain Department.)
Date		
Name		
Job Title		
Signed		