**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)

**Completed Pre-Qualification Questionnaires and Documents must be submitted by 10th August 2021 at 4.30pm and sent via email to** [**recuitment@nabi-kcl.com**](mailto:recuitment@nabi-kcl.com)

**Pre-Qualifications received after this time will NOT be considered.**

**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).
* 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** | [Company Data](#b_company_data) | **8** | [Skills, Competence and Training](#b_skills_comp) |
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| 1 | **COMPANY DATA** | | **[Menu](#b_MENU)** |
| **1.1** | **Company Name** | | |
|  | Enter the Full Company Name |  | |
| Previous Company Name |  | |
| Common Name |  | |
| **1.2** | **Contact Information** | | |
|  | 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** | **Business Overview Statement** | | |
|  | Statement (or attach Company profile) |  | |
| Comments |  | |

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| **2** | **General Supply Enquires Contact** | | **[Menu](#b_MENU)** |
|  | Title |  | |
| First Name |  | |
| Last Name |  | |
| Job Title |  | |
| Address Line 1 |  | |
| Address Line 2 |  | |
| Town / County |  | |
| Postcode |  | |
| Country |  | |
| Telephone (with Country Code)  - Landline |  | |
| - Mobile |  | |
| - Fax |  | |
| Email |  | |

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| **3** | **Other Information** | | **[Menu](#b_MENU)** |
| **3.1** | **General Company Information** | | |
|  | 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 |  | |
| **3.2** | **Company Ownership** | | |
|  | 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 |  | |
| **3.3** | **Company Relationships** | | |
|  | Are any of your Principle Shareholders, Partners, Directors or Co-Owners NABI/KLC JV Employees? |  | |
| Any Company Affiliates, including Agents or Intermediaries who currently supply to NABI/KCL JV? |  | |
| **3.4** | **Company Size** | | |
|  | Number of full-time staff involved in this business |  | |
| Office Capacity (sq. ft.) |  | |
| Workshop Capacity (sq. ft.) |  | |
| Storage Capacity (sq. ft.) |  | |

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| **4** | **FINANCIAL AND DUE DILIGENCE** | | | **[Menu](#b_MENU)** |
| **4.1** | **Financial Details** | | | |
|  | The banking information in 4.1 must also be included and attached on the Suppliers Company letter head. | | | |
| Bank Name |  | | |
| Bank Address |  | | |
| Country |  | | |
| **Provide list of credit references i.e. Bank, Financiers, etc.** | | | |
| Organization Name | Contact Name | Telephone No. | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
| **4.2** | **Litigation and Dispute Resolution** | | | |
|  | 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? |  | | |
| **4.3** | **Insolvency** | | | |
|  | 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 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? |  |
| **If Yes**:  Please submit copy of certificate and insert the certificate number here. |  |
| **If No:**  Provide a copy of document/ procedure index from your Quality Assurance Manual. |  |

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| **6** | **Health and Safety: Contractors employing less than 5 persons** | | | | | | **[Menu](#b_MENU)** |
| 6.1 | Does the employee(s) in your company have any HSE Training? |  | Yes |  | No | | |
| If yes, give a summary of the HSE Training received. | | | | | | |
| 6.2 | Have you had any previous work-related incidents? |  | Yes |  | | 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? |  | Yes |  | No | | | |
| Worker(s) Name(s) | | Health Issue | | | | |
| 6.4 | Have you any court matters, notices or fines arising from health and safety matters? |  | Yes |  | No | | | |
| 6.5 | Do/does your worker(s)/company have the required certifications and license in the relevant field(s)?  **If “Yes” attach a copy** |  | Yes |  | 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** | | | | | **[Menu](#b_MENU)** |
| 7.1 | Does your company have an HSE Policy?  **If yes please attach a copy.** |  | Yes |  | No | |
| **7.2** | Is there a person in your company that is responsible for HSE Management functions? |  | Yes |  | 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? |  | Yes |  | No | |
| **7.4** | Is there a system in place to ensure that all employees are aware of HSE responsibilities and expected behavior? |  | Yes |  | No | |
| **7.5** | Is there a system in place to ensure that HSE documentation is maintained? (e.g. JSA, Toolbox etc.) |  | Yes |  | No | |
| **7.6** | Are any of your employees Fire Safety or First Aid trained? |  | Yes |  | No | |
| **7.7** | Does the company have a written procedure for reporting Incidents and Accidents? If yes, please attach. |  | Yes |  | No | |
| **7.8** | Are statistical records of incidents and accidents maintained?  **Provide statistics for the last three (3) years**. |  | Yes |  | No | |
| **7.9** | Were any fines or notices issued from the OSH Agency to your company**?** |  | Yes |  | No | |
| **7.10** | Do you have a vehicle/ equipment maintenance plan? |  | Yes |  | 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).  If yes, please attach a copy. |  | Yes |  | No | |
| **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? | | | | | |

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| **8** | **Skills, Competence and Training** | | [**Menu**](#b_MENU) |
| **8.1** | **Company Approach** | | |
|  | Do you define and make available competence requirements for all products / jobs? |  | |
| Comment |  | |

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| **9** | **Previous Experience | REFERENCES** | | | | | | | | | **[Menu](#b_MENU)** |
|  | **Name of Client -1** | | | |  | | | | | |
| 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 | | | |  | | | | | |
|  | **Name of Client - 2** | | | |  | | | | | |
| 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 | | | |  | | | | | |
|  | **Name of Client - 3** | | | |  | | | | | |
| 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 | | | |  | | | | | |
| **9.1** | **Supply Experience** | | | | | | | | | |
|  | 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) | | | |  | | | | | |
|  |  | $250k-$450k |  | $450k-$700K | |  | $700k-1.5M |  | 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 | | | | | | | | | |
| 9.5 | Total value of work under contract:( ) US Dollars | | | | | | | | | |

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| **10** | **Products and Services** | | | | [**Menu**](#b_MENU) |
| **10.1** | **Products and Services Description** | | | | |
| |  |  | | --- | --- | | **SERVICES**  **Please list:** | | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  | | | | |  |  | | --- | --- | | **MATERIALS**  **Please list:** | | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| * 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** | **List of Equipment owned with proof of ownership** | | | | |
| 1 |  | | | | |
| 2 |  | | | | |
| 3 |  | | | | |
| 4 |  | | | | |
| 5 |  | | | | |
| 6 |  | | | | |
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| **11** | **Local Content in GUYANA**  **(This section is to be completed by Foreign Supplier only)** | | | | | [**Menu**](#b_MENU) |
|  | 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? |  | Yes |  | No | |

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| **12** | **Attachments** | | [**Menu**](#b_MENU) |
|  | **Summary List of Attached Documentation:** All supporting documentation that you referenced in this Supplier Evaluation Questionnaire must be listed below.   * Insert as many additional lines as necessary. | | |
| **No.** | **Document Name / Title** | |
|  | Statutory Documents | |
|  | VAT Registration Certificate (if applicable) | |
|  | Workman’s Compensation | |
|  | TIN/BIR Registration Certificate | |
|  | NIS Registration Certificate | |
|  | Copies of Insurance Certificates | |
|  | Audited Financial Statements (last 3 yrs.)   * Statement of Financial Position (only) * Statement of Comprehensive income (only) | |
|  | Organisational Chart | |
|  | HSE Certification (if applicable) | |
|  | Evidence of Environmental Policy | |
|  | Evidence of HSSE Policy or Manual | |
|  | ISO - 9001 Certification | |
|  | Evidence of Quality Policy or Manual | |
|  | Agency / Principle / Distributorship Letter | |

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| **13** | **Declaration** | | | [**Menu**](#b_MENU) |
|  |  | **Prepared by** | **Authorized by**  (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** | | [**Menu**](#b_MENU) |
| **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 | |
| **Total** | **100 POINTS** | |
|  | | |
| * **A minimum passing score of 50% must be met for each criterion** | | |
| * **A minimum overall score of 70% must be met to pre-qualify** | | |

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| **this section is for internal NABI/KCL JV use only.** | | | [**Menu**](#b_MENU) |
|  | **Reviewed by** | **Approved by**  (Head of Supply Chain Department.) | |
| Date |  |  | |
| Name |  |  | |
| Job Title |  |  | |
| Signed |  |  | |