

SUPPLIER PRE QUALIFICATIONS QUESTIONNAIRE

SECTION 1: COMPANY IDENTITY

Company Name	
Office Address	
Factory Address	
Warehouse Address	
Primary Contact	
Position	
Phone	
Fax	
Email	
Website	
Mailing Address	

Trade License Copy	
Year Company Formed	
Registration number	
Country of Registration	
Trade License number	

Please attempt to copy and paste a copy of your trade license in this space provided.

If it is not possible please note in this box that it is attached as a separate sheet.

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If it is not possible please note in this box that it is attached as a separate sheet.

SECTION 2: COMPANY INFORMATION

Type of Company (Tick correct box)	Sole Trader		Partners hip		Private Company		Public Compan y	
Is a structural Chart attached? (Attach is space provided)	YES				NO			
No of employees (please give rough segment splits E.g. Management, Manufacturing, Admin)	Executive / Management		=					
	Supervisory		=					
	Skilled Labor		=					
	Unskilled Labor		=					
Please give quick company history in no more than 400 words	Other		=					

Are you part of a wider group of companies	YES		NO	
<p>If yes please give company name and quick overview. Max 200 words.</p>				
<p>List other locations from which your company operates (<i>If more than 5 use main offices per region USA, Europe, Asia, Africa and Middle East</i>)</p>	1:			
	2:			
	3:			
	4:			
	5:			

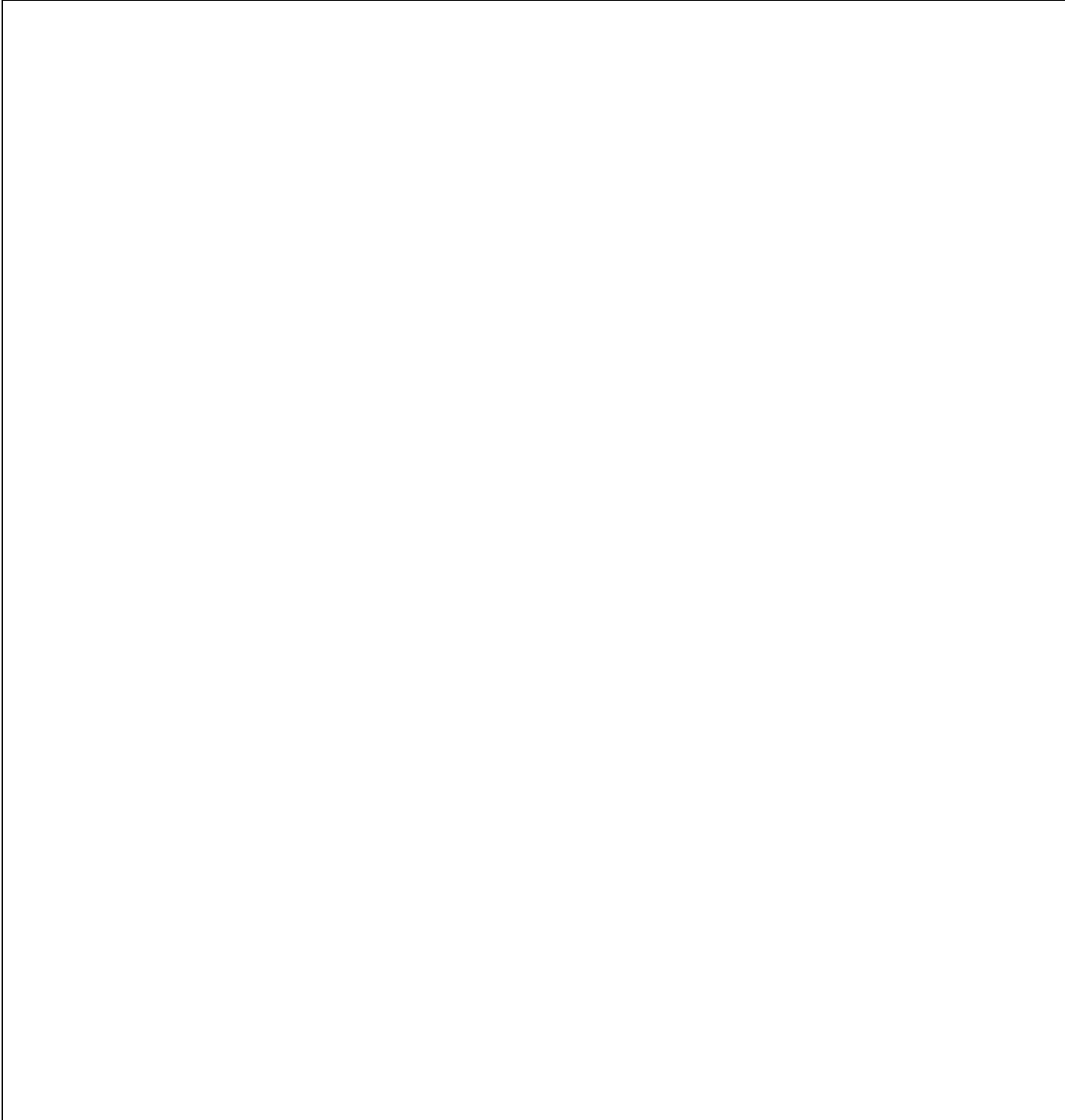
COMPANY ORGANISATIONAL CHART

Please attempt to copy and paste a copy of your organizational chart in this space provided.

If this is not possible please note in this box that it is attached as a separate sheet.



ORSINI SOURCING
SPI PROCUREMENT
INSTALLATION



SECTION 3: COMPANY CAPABILITY

<p>Does the company hold any quality assurance certification? (EG ISO 9000)</p>	<p>YES</p>	<p>NO</p>
	<p><i>Please provide copy of certification in space provided. If not use space to outline quality assurance policy</i></p>	
<p>Does the company belong to any professional bodies?</p>	<p>YES</p>	<p>NO</p>
	<p><i>Please provide copy of certification in space provided.</i></p>	
<p>Please provide a overview of manufacturing facilities</p> <p><i>(size, strategic location, maximum output, regular output)</i></p>		
<p>Please provide a overview of machinery and equipment available</p> <p><i>(new technology purchased, new machines purchased etc)</i></p>		

<p>Please provide overview of Storage Facilities available</p> <p><i>(Size and inventory control system)</i></p>	
<p>Please provide details of packing facilities</p> <p><i>(Standards, Equipment, materials etc)</i></p>	
<p>Delivery Facilities Available</p> <p><i>(Any special logistical relationships, man power, vehicles etc)</i></p>	
<p>Product Maintenance Capabilities</p> <p><i>(Service teams, standards, warranties, replacement goods etc)</i></p>	
<p>Nearest Port and Airport</p>	

COMPANY CERTIFICATIONS / PROFESSIONAL BODIES

Please attempt to copy and paste a copy of your organizational certifications in this space provided.

If this is not possible please note in this box that it is attached as a separate sheet.

SECTION 4: COMPANY OPERATIONS

In box provided mark 'yes' were applicable	Manufacturer	Agent / Retailer	Sub Contract
Carpet <i>(specify types of materials)</i>			
Wall covering <i>(specify types of materials)</i>			
Case Goods <i>(specify types of materials)</i>			
Upholstered Goods <i>(specify types of materials)</i>			
Mirrors and Frames <i>(specify types & materials)</i>			
Artwork <i>(specify types & materials)</i>			

Decorative Lighting <i>(specify types & materials)</i>			
Outdoor Furniture <i>(specify types of materials)</i>			
Directional Signage <i>(specify types of materials)</i>			
Soft Furnishing Fabrication <i>(specify types of materials)</i>			

SECTION 5 COMPANY EXPERIENCE

(Please describe 3 projects your company has in progress or completed in last 12 months)

1.

Project Name and Location	
Client Name	
Client Contact Info	

Interior Designer	
Contract Value	
Detailed Scope of Works	
% of Contract Complete	
% of Contract Sub-Contracted	
Completion Date	

2.

Project Name and Location	
Client Name	
Client Contact Info	
Interior Designer	
Contract Value	
Detailed Scope of Works	

% of Contract Complete	
% of Contract Sub-Contracted	
Completion Date	

3.

Project Name and Location	
Client Name	
Client Contact Info	
Interior Designer	
Contract Value	
Detailed Scope of Works	
% of Contract Complete	
% of Contract Sub-Contracted	

Completion Date	
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HAS YOUR ORGANISATION EVER FAILED TO COMPLETE ANY WORK AWARDED IN THE LAST 5 YEARS?

YES		NO	
<i>If YES please describe.....</i>			

ARE THERE ANY PENDING OF PREVIOUS JUDGEMENTS, CLAIMS OR ARBITRATION PROCEEDINGS AGAINST YOUR COMPANY WITHIN THE LAST 5 YEARS?

YES		NO	
<i>If YES please describe.....</i>			

HAS YOU COMPANY FILED ANY LAWSUITES OR REQUESTED ARBITRATION WITH REGARD TO CONTRACTS WITHIN THE LAST 5 YEARS?

YES		NO	
<i>If YES please describe.....</i>			

SECTION 6: FINANCIALS

ITEM	DESCRIPTION	SUBMITTED / ACCEPTED (Y,N)
A	A copy of the most recently audited accounts for your company covering the last two years. (Otherwise for the period that is available if trading is less than two years).	
B	A statement of the company's turnover, Profit and Loss and cash flow for the most recent full year of trading. (Otherwise for the period that is available if trading is less than two years).	
C	Where B cannot be provided, a statement of the organizations bank flow forecast for the current year and a bank letter outlining the current cash and credit facility position.	
D	If the company is part of a wider group (a) to (c) are required for both the subsidiary and the parent company.	
E	Separate statement directly related to the supply of the service requested for the past 2 years.	
F	Parent company or other guarantees of performance or financial standing may be required. Please confirm the organizations willingness to arrange a guarantee or performance bond.	

Name of Banking Company	
Address	
Contact Name	
Telephone Number	
Fax Number	
Email Address	

INSURANCE POLICY	INSURER	VALUE (STATE CURRENCY)

SECTION 7: CERTIFICATION

Please indicate if your company extends invitations to the client, procurement agent and interior designers for factory inspections as part of the pre qualification process at your own expense.

YES		Comments	
NO		Comments	

Form completed by:

Name	
Position	
Date	
Telephone No	
Email Address	
Signature	

The information contained in this questionnaire will be held in confidence by Orsini SPI and its clients and used for the purpose of determining your suitability for meeting our general requirements. Further assessment and selection may be required before and indication can be given on the success of your application for inclusion on our preferred tender list.

Please forward via email to info@orsini-spi.com