



SUPPLIER PRE-QUALIFICATION QUESTIONNAIRE

SECTION 1: COMPANY IDENTITY

Full Name of the Company	
Main Office Address (HQ)	
Factory Address	
Warehouse Address	
Postal Address	
Primary Contact	
Position	
Phone	
Mobile	
Fax	
E-mail	
Company Website	
Year Company Formed	
Company Registration Number	
Country of Registration	
Trade License Number	

SECTION 2: COMPANY INFORMATION

Type of Company <i>(Tick correct box)</i>	Sole Trader		Partnership		Private Company		Public Company	
No. of employees <i>(Please give approximate segment splits, e.g. Management, Manufacturing, Admin, etc.)</i>	Executive / Management			=				
	Supervisory			=				
	Skilled Labor			=				
	Unskilled Labor			=				
	Other			=				
Is the company part of a wider group of companies	YES <input checked="" type="checkbox"/>				NO <input checked="" type="checkbox"/>			
List any additional company operational locations <i>(If more than 5 use main offices per region USA, Europe, Asia, Africa and Middle East)</i>	1:							
	2:							
	3:							
	4:							
	5:							

SECTION 3: COMPANY CAPABILITY

Does the company hold any quality assurance certification (e.g., ISO 9000)	YES √		NO √	
	<i>Please provide copy of certification in space provided; OR outline quality assurance policy</i>			
Does the company belong to any professional bodies	YES √		NO √	
	<i>Please provide copy of certification in space provided</i>			
Please provide an overview of manufacturing facilities (if applicable) <i>(size, strategic location, maximum output, regular output)</i>				
Please provide an overview of machinery and equipment available (if applicable) <i>(new technology purchased, new machines purchased, etc.)</i>				
Please provide overview of Storage Facilities available <i>(Size and inventory control system)</i>				
Please provide details of packing facilities <i>(Standards, equipment, materials, etc.)</i>				
Delivery Facilities Available <i>(Any special logistical relationships, man power, vehicles, etc.)</i>				
Product Maintenance Capabilities <i>(Service teams, standards, warranties, replacement goods, etc.)</i>				
Nearest Sea Port and Airport				

SECTION 4: TYPE OF COMPANY

Type of Company	Products	Brands	Stock On Hand √
Manufacturer			
Manufacturer's Direct Representative			



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SOURCING • PROCUREMENT • INSTALLATION

Type of Company	Products	Brands	Stock On Hand √
Distributor / Agent			

SECTION 5: CERTIFICATION

Please indicate if the company is willing to extend invitations to the client and procurement agent for factory inspections as part of the pre-qualification process at your own expense.

YES		Comments	
NO		Comments	

Please indicate if the company is already been registered with Meraas Holding.

YES √		NO √	
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SECTION 6: COMPANY EXPERIENCE

Please describe 3 projects the company has in progress or completed in the last 12 months

1.

Project Name and Location		
Client Name		
Client Contact Info		
Contract Value		
Detailed Scope of Works		
% of Contract Complete		
Completion Date		
May the client be contacted for a reference	Yes	No

2.

Project Name and Location		
Client Name		
Client Contact Info		
Contract Value		
Detailed Scope of Works		
% of Contract Complete		
Completion Date		
May the client be contacted for a reference	Yes	No

3.

Project Name and Location		
Client Name		
Client Contact Info		
Contract Value		
Detailed Scope of Works		
% of Contract Complete		
Completion Date		
May the client be contacted for a reference	Yes	No

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

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

HAS THE 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 7: FINANCIALS

Please provide the following information:

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.	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 Bank	
Address	
Contact Name	
Telephone Number	
Fax Number	
Email Address	

INSURANCE POLICY	INSURER	VALUE (STATE CURRENCY)



SECTION 8: CHECKLIST

Verify the following information is enclosed; where applicable

- Company Trade License
- Certificate of Incorporation
- Organizational Chart
- Copy of certification-quality insurance
- Copy of certification- group structure
- Audit reports- last 2 years
- Financial reports-final completed year.



SECTION 9: DECLARATION

I, the undersigned, hereby certify that to the best of my knowledge, the particulars given in this submission are true and correct. I authorize Orsini SPI to make direct enquiries and references to any person, firm, public official or organization named in this form to verify information submitted herein or regarding the competence and general reputation of the firm.

Form completed by:

Name	
Position /Title	
Telephone no	
E-mail	

Signature:

Date:

The information contained in this questionnaire will be held in confidence by Orsini SPI and its clients and used for 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.