



CENTRAL TENDERS BOARD

CONTRACTOR'S POST-QUALIFICATION QUESTIONNAIRE

**POST-QUALIFICATION QUESTIONNAIRE FOR APPLICANTS – CONTRACTORS
INTERESTED IN PROVIDING CONSTRUCTION SERVICES**

Note 1. Attach certify copy as filed with the Registrar of companies to Sections (1 to 2)

1.0 General Information	For official use only
Name of Applicant or Organization _____ _____	
Legal Entity Limited <input type="checkbox"/> *Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Consortium <input type="checkbox"/> Liability Company *Registered pursuant to the Registration of Business Names Act, Chapter 82:85	
Registered Office: _____ _____ _____	
Telephone No(s) _____ Fax No(s) _____ _____	
Mailing Address _____ _____	
Banker's Name and Address _____ _____ _____ _____	

2.0 Particulars of Applicant

For official use only

For Company

Is it incorporated under "The Companies Ordinance Ch. 31 No. 1. (Laws of Trinidad and Tobago)" ?

Yes

No

If a foreign company, state where incorporated.

Documents constituting the Company

Please attach certified copy of the following:

Attached

Articles of Incorporation Statute Charter etc.

Yes

No

Memorandum & Articles of Association.

Yes

No

For a Business registered pursuant to the Registration of Business Names Act, Chap. 82:85

State the date of registration

(_____)

Attach certified copy of certificate

Attached

Yes

No

For Partnership, Joint Venture or Consortium

Is there an Agreement between Parties?

Yes

No

If so, state date of Agreement

(_____)

Attach certified copy of Agreement.

Yes

No

For each party please include a certified copy of the following, where applicable.

Certificate of Incorporation

Yes

No

Memorandum of Association

Yes

No

Articles of Association

Yes

No

For foreign legal entity please include the relevant documents required in the foreign jurisdiction for its formulation.

Yes

No

Note 1: The following sections (3 to 6) should be completed by each party or member of Joint Agreements.

3.0 Corporate Structure and Organisation				For official use only	
Principals and Directors					
Name	Title	Nationality	Qualification		
Managers and Professionals					
Name	Discipline or Department	Qualification (Professional)	Time with firm (yrs)		C.V. attached
					(Tick) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other technical and supervisory staff employed or to be assigned.					
Name	Title	Time with firm (yrs)	Experience (yrs)		Supervisory role (yrs)

Note 2 Additional sheets may be included with appropriate section number and headings.

Note 3 Attach certified copy as filed with the Registrar of Companies for Sections (3 to 5)

3.0 Corporate Structure and Organisation (continued)

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Organisation structure and responsibility matrix

On a separate sheet show your organisation structure indicating the following;

	Shown			
Established departments or operations	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Permanent staff employed	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Temporary, recruited or retained staff	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Lines of communication (internal)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Lines of communication (external)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

On a separate sheet show the responsibility matrix, including names of personnel specifically for operations of the proposed projects.

Yes No

4.0 Financial Information

Auditors Report. Reports attached for past () years.

Attach copies of Auditors Report together with audited statements made in accordance with approved standards for the past three (3) years, where applicable.

(1) Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(2) Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(3) Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If Auditors Report is not applicable please declare the following;

Fixed Assets	Value (\$)

Current Assets	(\$)	Current Liabilities	(\$)	
_____		_____		
_____		_____		

Share holdings or interests in other Companies or Partnerships.

Name of Shareholder	Company/Partnership	Value (\$)
_____	_____	
_____	_____	

4.0 Financial Information (continued)

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Sureties

Is your banker prepared to provide sureties if required?
If yes, please state the maximum amount.

Yes No
(\$ _____)

Professional Indemnity

Do you have Professional Indemnity insurance coverage?
If yes, please state the maximum amount as of Nov. 1992.
Give name and address of Insurer.

Yes No
(\$ _____)

5.0 Experience of Applicants

List works or projects which you are currently engaged.

Project	Client	Date Started	Contract Duration	Completion Date	Value (\$)

List projects similar to the proposed works completed within the last five years.

Project	Client	Date Started	Contract Period	Completion Date	Value (\$)

5.0 Experience of Applicants (continued)

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List past projects undertaken.

Job or name of project	Client	Date Started	Contract Period	Date Completed	Value (\$)

Are you willing to have any of your past or current projects inspected?

Yes

No

Can you arrange for such inspection or visit?

Yes

No

Provide names of officials to whom inquiries may be directed for projects in progress.

Job/Contract	Contact Person	Address & Phone

5.0 Experience of Applicant (continued)

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List at least two Owner/Organisation for which your business have performed work within the past five years and include the name of a responsible official to whom the Ministry's officials may address enquiries.

Job/Contract	Contact Person	Address & Phone

Legal Claims

Has the business or any constituent part ever been involved in any litigation and/or arbitration for failing to fulfill or to comply with the terms of a contract.

Yes No

If yes give brief explanation.

Is the business involved an any litigation and/or arbitration proceedings at present?

Yes No

If yes, please give details.

Claims For;	Value (\$)
_____	_____
_____	_____
_____	_____
_____	_____

Claims against;	Value (\$)
_____	_____
_____	_____
_____	_____
_____	_____

5.0 Experience of Business (continued)

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Are there any judgements registered against the firm? Yes No

If yes, please give details.

6.0 Physical Resources

List items of office equipment, computers and computer related hardware, software and peripherals available for management and enhanced operations under the proposed projects.

Make	Model/type/version	Quantity	Owned	Leased (Tick)	Rented	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7.0 Certificate

We certify that the information supplied in this questionnaire is true and correct. We further acknowledge the right of the Central Tenders Board or its representatives to verify any information given and to disqualify this applicant if information supplied, in whole or in part, is incorrect.

Managing Director (Please print)

Company Secretary (Please Print)

Signature

Signature

Date

Date