

**PREQUALIFICATION QUESTIONNAIRE**

1. **GENERAL BACKGROUND**

Name of Firm: \_\_\_\_\_

Address of Main Office: (Registered if any) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Telex: \_\_\_\_\_

Fax: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. **ESTABLISHMENT**

Year: \_\_\_\_\_ Country: \_\_\_\_\_ State: \_\_\_\_\_

3. TYPE OF ORGANIZATION

- (a) Sole Proprietor
- (b) Partnership
- (c) Limited Company
- (d) Private Company
- (e) Joint Venture
- (f) Consortium
- (g) State Owned/Affiliated

4. PRINCIPALS AND KEY PERSONNEL OF FIRM

1. Principals

	<u>Name</u>	<u>Professional Specialisation</u>	<u>Nationality</u>
(a)	.....	.....	.....
(b)	.....	.....	.....
(c)	.....	.....	.....
(d)	.....	.....	.....

2. Key Personnel

	<u>Name</u>	<u>Professional Specialisation</u>	<u>Nationality</u>
(a)	.....	.....	.....
(b)	.....	.....	.....
(c)	.....	.....	.....
(d)	.....	.....	.....

5. PERSONNEL

Number of personnel actually employed in your firm during the last five years.

		Year 1	Year 2	Year 3	Year 4	Year 5
Max. Strength	Profess.					
	Support					
Normal Strength	Profess.					
	Support					
Present Strength	Profess.					
	Support					

Professional

Sub Professional

Technician


6. FINANCIAL CAPACITY

<u>Year</u>	<u>As Prime Consulting Firm</u>	<u>As Associated Consulting Firm</u>	<u>Type of Service</u>	<u>Total</u>
1998	_____	_____	_____	_____
1999	_____	_____	_____	_____
2000	_____	_____	_____	_____
2001	_____	_____	_____	_____

7. AUDITED FINANCIAL STATEMENTS

Audited Income and Expenditure Statements and Balance Sheets of the three most recent years should be provided.

Firm:

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8. REFERENCES

(a) Bank or other Financial References:

(b) Client References:

(c) Permission to refer to References:

Yes \_\_\_\_\_ No \_\_\_\_\_

9. Has the firm (or any constituent part) ever been liable for failing to comply with the fulfilment of a Contract?

Yes:

No:

If Yes, give brief details \_\_\_\_\_

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10. PERSONAL HISTORY OF PROFESSIONAL/S WITHIN THE FIRM (Please make copies of this page as required)

Name: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Professional Speciality: \_\_\_\_\_

Years of experience: \_\_\_\_\_

As Principal in this Firm: \_\_\_\_\_ Other Firms: \_\_\_\_\_

Other than Principal in Firm: \_\_\_\_\_ Other Firms: \_\_\_\_\_

Education:

Degree or Diploma	Place	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Membership of Professional Organization:

Professional Registration No. \_\_\_\_\_ Country \_\_\_\_\_

Organization	Date
_____	_____
_____	_____
_____	_____
_____	_____

Fields of Special Competence:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. PROJECTS ON WHICH FIRM HAS BEEN INVOLVED DURING THE LAST FIVE YEARS

Brief Description of Project	Location	Construction Period From To	Estimated Construction Cost	Other Firms with which associated

12. **OTHER INFORMATION**

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I hereby certify that the above information is correct.

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Principal's Name

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Principal's Signature

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Date

Company Seal / Stamp