

PRE-QUALIFICATION APPLICATION FOR CONTRACTORS & SUPPLIERS

SECTION 1 - BUSINESS DETAILS	
1.01 Company's Registered Trade Name:	
1.02 Form of Business: <input type="checkbox"/> Corporation Limited <input type="checkbox"/> Liability <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other (Specify):	1.03 Type of Business: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Service Company <input type="checkbox"/> Distributor /Agent <input type="checkbox"/> Other (Specify):
1.04 Registered Business Address:	
1.05 Date Company Established:	1.06 No. of Years in Operation:
1.07 Contact Details: (a) Telephone: (b) Mobile: (c) Telephone (After Hours): (d) Fax: (d) E-mail Address: (e) Website:	
1.08 Particulars (please provide copies of certificates): (a) Certificate of Registration Number: (c) V.A.T. Registration Number : (b) Notice of Directors (Form 8): (d) B.I.R. File Number:	
SECTION 2 - ORGANIZATION	
2.01 Attach List of Key Employees / Technical Personnel in your Organization showing: - Name, Position, Years of Service, Qualifications & Experience	
2.02 Attach a List of Directors or Employees who are currently employed by HAL OR who have close relatives that are currently employed at HAL. (If Applicable)	
2.03 Attach List of at least three (3) major contracts completed in the past three (3) years and provide references as follows: - Title/Description of Contract, Contract Value, Client Name, Contact Name & Position & Phone number & Email Address.	
2.04 Attach List of the major items of equipment which your firm owns and which shall be made available for use at HAL.	
2.05 If you are an Agent/Distributor for specific brand(s), please indicate and provide evidence of such.	
2.06 Attach List of range of products and indicate whether you maintain stock and typical lead time for deliveries.	
SECTION 3 - FINANCIAL	
3.01 Attach Statement of Annual Turnover / Revenue over the last three years. (a) Provide bank statement or financial reference supporting ability to undertake a project in the Contract Range specified at Item 2.03 (b) Provide available overdraft facility (c) Provide Audited Income and Expenditure Statements and Balance Sheets for the last three (3) years	

SECTION 4 - GENERAL	
4.01	If your firm has Insurance coverage for Public Liability, Workmen's Compensation or other Insurances, please attach copies.
4.02	If your firm is ISO 14000 certified, please attach certificate.
4.03	If you have a Health, Safety and Environmental Programme in place, please attach a copy.
4.04	If you are a service provider and your employees are Point Lisas Executive Association (PLEA) certified, please attach copies.
4.05	If you are a service provider and your firm is Safe To Work (STOW) certified, please attach certificate?
4.06	If your firm has a registered Quality Management System in operation, please provide a copy of the policy and any applicable certificate. Example: ISO 9001:2008
4.07	If your firms' employees are represented by a Trade Union, please specify.
4.08	Please provide confirmed agreement to provide HAL with 120 days' credit for payments.
SECTION 5 - DECLARATIONS	
<p><i>I/We hereby declare that the above information provided is true and correct to the best of my knowledge. If/whenever engaged, I understand that I also agree to follow all terms and conditions of Hookmally Ali Limited</i></p> <p>For and on behalf of: <i>Company's Name</i></p> <p>Name / Position: </p> <p>Signature: <i>Official's Name and Position in Company</i></p> <p>Date: </p>	
<p>Notes: The term "Supplier" shall be used to reference Suppliers, Vendors, Manufacturers, Distributors and Service Providers. Hookmally Ali Limited employs the process of Pre-Qualification of all its Suppliers in order to streamline its Procurement procedures. Reputable and established firms are invited to apply for Pre-qualification using this form.</p> <p>All information submitted will be treated confidentially. Please answer all questions honestly. Failure to provide accurate information or comply with information or comply with HAL's Policies and Procedures may result in a Suppliers disqualification, suspension and/or de-listing from HAL's schedule of pre-qualified firms.</p> <p>HAL is committed to upholding ethical standards in all corporate activities with customers and suppliers of sound character and reputation. HAL's policy is to comply with applicable laws, including, without limitations, laws relating to industrial relations and employment, discrimination, health, safety, competition and securities trading.</p> <p>Suppliers must maintain a corporate conscience of respect and care for the environment and adopt a personal commitment and accountability for pollution prevention, resource conservation and compliance with environmental legislation of the countries in which they conduct business.</p> <p>Health, Safety and Environmental (HSE) management is of paramount importance and an integral part of the way that HAL operates. All employees and persons who are present at HAL facilities are required to follow all HSE precautions and procedures that HAL adopts. As a pre-requirement for HAL's site specific orientation, all contractors' employees must be PLEA Passport holders.</p> <p>The performance of Suppliers will be closely monitored and periodically reviewed during any contractual period.</p> <p>HAL's general terms of payment is Net 30 days (upon receipt of invoice).</p>	

SAFETY PROGRAM

1.	Does your company typically prepare for Job Hazard Analysis (JHA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Does your company conduct accident / incident investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is it your company policy to have first aid / CPR certified persons on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you implemented 100% fall protection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Do you perform any asbestos or lead abatement activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Is your safety program enforceable upon your lower tier subcontractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Does your company review the safety management systems of your subcontractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Does your company require lower tier subcontractors to conduct and report incident investigations to your firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Does your company have a written substance abuse program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	If yes to the above question, does your program include post-accident, pre-employment and random testing?	
11.	How many full time safety professionals does your company employ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Does this person / or these people perform safety inspections on all of your projects?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	If yes to the above question, what is the frequency of the inspections?	
14.	Does your company have a return to work / light duty program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Does your company have a “near miss” reporting program?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SAFETY STATISTICS

Please provide the following statistics for the past five years

Year	Man Hours Worked	Number of Fatalities	Number of Lost Time Injuries	Number of Recordable Injuries	Number of First Aid Injuries	<u>Recordable Rate</u>	<u>Lost Time Rate</u>

16.	Does your company have a disciplinary program in place for safety violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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