

VENDOR PRE-QUALIFICATION

Form: SCM-F-01

Dept: Supply Chain Management

A GENERAL COMPANY INFORMATION

Legal Company Name	
Trading Name	
Company Registration Number	
Year Company founded	
Addresses:	
Registered office	
Head Office	

B ORGANIZATIONAL STRUCTURE

List of Owners (advise % if applicable)	
List of Directors	
Authority relationship with any parent company or affiliated subsidiary or holding company that is envisaged to participate in any work for SPMP.	
Any joint venture established or proposed to provide Goods or Services to SPMP	

C KEY CONTACTS

General	
Position	
Responsibility	
Address	
E-mail Address	
Office #	
Mobile #	
Accounts Representatives	
Position	
Responsibility	
Address	
E-mail Address	
Office #	
Mobile #	
Representative for Notices and Contract Matters	
Position	

Responsibility	
Address	
E-mail Address	
Office #	
Mobile #	
Persons authorized to sign for contract purposes (provide relevant POA documents)	
Name	
Title	
Name	
Title	
Name	
Title	
References of existing Customers	
1	
2	
3	
4	

D SALES (GOODS & SERVICES)

Sales turnover last Financial Year	US\$
Sales turnover Avg. over last 3 Years	US\$
Sales total SPMP last Financial Year	US\$
List of current top 5 customers by sales volume	
1	
2	
3	
4	
5	
Major contracts / PO held in last 1 - 2 years	
Site	
PO / Contract Description	
Annual Value	
Length of contract (years)	
Site	
PO / Contract Description	
Annual Value	
Length of contract (years)	
Site	
PO / Contract Description	
Annual Value	
Length of contract (years)	

E STRENGTHS/OPPORTUNITIES

Goods/services provided by Company ? Provide upto max 5 categories of goods/services in which company has technical competence and expertise. (Provide dealership / agency agreement with OEM or letter from OEM if applicable)	
Opportunities in the future for new products/services (capacity for growth)?	
Companies top 5 suppliers?	
1	
2	
3	

4	
5	
Top 5 sub-contractors that you would normally use for work ?	
1	
2	
3	
4	
5	
Top 5 competitors?	
1	
2	
3	
4	
5	

F LEGAL ACTION AND LICENCES

Is or has your company been the subject of liquidation or other legal action by your creditors?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
List any applicable Trade licenses and numbers				
Describe any known or potential areas of conflict of interest between the company directors or employees and SPMP or employees				

G SAFETY

Does your Company have an Safety policy or certification? If yes, please provide details and copy	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If not currently certified, are you seeking certification and by when?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Does your company have employees assigned to ensure safety during work? (name & position)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Are your employees trained in safety? (list courses)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
List references for work completed safely by your company				

H ENVIRONMENT

Does your Company have an Environmental policy or certification? If yes, please provide details	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If not currently certified, are you seeking certification and by when?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Prior actions/convictions by EPA? If yes, provide details	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
What hazardous substances or dangerous goods are used in carrying out your field activities?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

I QUALITY

Does your Company have an Quality policy or certification? If yes, please provide details	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If not currently certified, are you seeking certification and by when?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

J OTHER INFORMATION

Please provide any other information you would like to include	
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CONFIRMATION OF INFORMATION PROVIDED:

I hereby confirm that the responses given in this form are correct and accurate and I acknowledge the right to SPMP to verify our conformance by audit.

Name	
Position	
Signature	
Date	

The response to this form will be treated with strict confidence by SPMP

Office Use Only:	
Information Verified.	YES <input type="checkbox"/> NO <input type="checkbox"/>
Approved for inclusion on the SPMP database as qualified.	 _____ Supply Chain Manager
Date entered on database.	