



Heritage
PETROLEUM
COMPANY LIMITED

PRE-QUALIFICATION VENDOR FORM

INSTRUCTIONS TO APPLICANTS:

1. This Pre-qualification Application Form is to be completed by prospective Vendors desirous of providing Works, Goods or Services to Heritage Petroleum Organization Limited (hereinafter 'Heritage').
2. All documents submitted with this Form would be retained by Heritage for its records.
3. Prospective Vendors **must** complete this Form accurately and in its entirety.
4. Prospective Vendors understand and accept that completion of this Form does not constitute pre-qualification, nor does it guarantee an award of contract. Heritage reserves the absolute right to:
 - (a) accept or reject any prospective Vendor that does not adequately complete the Form;
 - (b) assess the Form as it sees fit, without any obligation to pre-qualify or otherwise accept the prospective Vendor as a Vendor of Works, Goods or Services for Heritage or be bound to assign any reason for not accepting or pre-qualifying the prospective Vendor;
 - (c) determine whether any prospective Vendor satisfactorily meets the established evaluation criteria; and
 - (d) request clarification from the prospective Vendor after submission of the Form.
5. Without prejudice to any other rights Heritage may have, Heritage reserves the right not to invite offers, tenders, bids or proposals from or enter into any contract with a prospective Vendor, which:
 - (a) has brought legal action against Heritage or any of its affiliates and which said action Heritage, or its affiliate is defending or intends to defend in whole or in part;
 - (b) has legal proceedings pending against it, or any of its director or officers, which have been brought by Heritage, its affiliates, a wholly owned state enterprise, a public authority, a State agency or the State;
 - (c) has had a material negative finding made against it in any formal investigation conducted by Heritage, or any of its affiliates;
 - (d) is being, or has a director or officer who is being, investigated by the any regulatory body or other state agency for any matter whatsoever; or
 - (e) has been, or has a director or officer who has been, convicted of a criminal offence.
6. Completed Form together with all relevant supporting documents are to be **emailed only** to: Prequalification@heritage-tt.com.
7. Queries/clarifications re completion of Form are to be **sent via email only** to: Prequalification@heritage-tt.com

| 1. Organisation Details: | | | | | |
|--------------------------|--|-----|---|-------------------------|--------------------|
| 1.1 | Name of Organisation: | | | | |
| 1.2 | Registered Address/Principal Place of Business: | | | | |
| | | | | | |
| | | | | | |
| 1.3 | Mailing Address (if different from 1.2): | | | | |
| | | | | | |
| | | | | | |
| 1.4 | Telephone number: | | | | |
| | Cellular Number: | | | | |
| | Fax Number: | | | | |
| 1.5 | E-mail address: | | | | |
| | Website: | | | | |
| 1.6 | Type of Organization: 1. Place a (✓) by the appropriate type) 2. Please submit copies of the relevant Certificates and their respective Articles | | a.) Limited Liability Organization | | |
| | | | b.) Statutory Corporation | | |
| | | | c.) Private Organization (with unlimited liability) | | |
| | | | d.) Partnership | | |
| | | | e.) Joint Venture | | |
| | | | f.) Consortium | | |
| | | | g.) Sole Trader | | |
| | | | h.) Other (please specify) | | |
| 1.7 | Organization Registration Number: | | | | |
| 1.8 | BIR Registration Number | | VAT Registration Number | NIB Registration Number | |
| | | | | | |
| 1.9 | BIR Clearance Certificate submitted? | Yes | | Date Issued: | Validity End Date: |
| | | No | | | |
| | VAT Clearance Certificate submitted? | Yes | | Date Issued: | Validity End Date: |
| | | No | | | |
| | NIB Compliance Certificate submitted? | Yes | | Date Issued: | Validity End Date: |
| | | No | | | |
| 1.10 | Please list any Affiliates, Subsidiaries, etc (if applicable): | | | | |
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| 1.11 | List all Owners, Directors, Partners, Shareholders (Kindly provide Certificates of Good Character for each person) | | |
|-----------|--|-------------|-------------------------|
| LAST NAME | FIRST NAME | O/D/ P/S | ADDRESS /CONTACT NO. |
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| 1.12 | List of Key Personnel relevant to the services applied for (Kindly provide Certificates of Good Character for each person) | | | |
|------|--|----------------|----------------|-------------------|
| Name | Nationality | Qualifications | Position/Title | Years' Experience |
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| 2. Financial Capacity: | | | | | | | |
|------------------------|---|---------------------------------|---------------------------------|-----------------------|--|--|--|
| 2.1 | What was your turnover in the last three years? | | | | | | |
| | Year ended: Year 1: \$ _____ | Year ended: Year 2: \$ _____ | Year ended: Year 2: \$ _____ | | | | |
| 2.2 | 1. Please submit Audited Financial Statement for the last three (3) years – Mandatory 2. Please submit a Bank Reference Letter (no older than 3mths) - Mandatory | | | | | | |
| 2.3 | Please provide the % of your annual turnover that is represented by your three largest customers | | | | | | |
| | Customer 1 | Customer 2 | Customer 3 | | | | |
| 2.4 | Has your organisation met the terms of its banking facilities and loan agreements (if any) during the past year? | Yes | | No | | | |
| 2.5 | If “No”, state why not and what remedial actions would be instituted? | | | | | | |
| 2.6 | Has your organisation met all its obligations to pay its creditors and staff during the past year? | Yes | | No | | | |
| 2.7 | If “No” please explain why not and what remedial actions would be instituted: | | | | | | |
| 2.8 | What is the name and branch of your bankers (who could provide a reference)? | | | | | | |
| | Banker’s Name: | | | | | | |
| | Banker’s Branch: | | | | | | |
| | Banker’s Address: | | | | | | |
| | Organization Bank Account No.: | | | | | | |
| | Wire Transfer Information: | | | | | | |
| | Contact person: | | | | | | |
| | Position: | | | Contact No.: | | | |
| 2.9 | Please indicate your organization’s financial capability (including bank credit) to finance the provision of Works/Goods/ Services valued at (Please (✓) one): | | | <10K (<10,000.00) | | | |
| | | | | <100K (<100,000.00) | | | |
| | | | | <500K (<500,000.00) | | | |
| | | | | <2M (<2,000,000.00) | | | |
| | | | | <10M (<10,000,000.00) | | | |

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|------|---|--|------|--|
| 2.10 | Please indicate with a tick (✓) the Services for which you want to be prequalified. | | | |
| 1052 | Catering Services | | 6102 | Industrial Power Systems Protection |
| 1067 | Local Courier Services | | 6103 | Motor & Transformer Rewinding – Up to 600V |
| 1077 | Office Moves/Relocation | | 6104 | Motor & Transformer Rewinding – Up to 12KV |
| 4008 | Garbage Collection/Disposal | | 6105 | Uninterruptible Power Supply Systems |
| 4009 | Grass Cutting/Vegetation | | 6601 | Instrumentation |
| 4010 | Grounds Maintenance | | 6701 | DCS/PLC/SCADA Equipment |
| 4101 | Building Maintenance | | 6702 | Laboratory Equipment – Mtce & Repairs |
| 4102 | Janitorial (Onshore and Offshore) | | 6705 | Safety, Fire and Security Protection |
| 4303 | Pest & Weed Control | | 6707 | Telecommunications Services |
| 4201 | Facility Mtce & Upgrade Services | | 6708 | Offshore Platforms Wellhead Services |
| 6001 | Cable Installation, Jointing/Term. | | 8315 | A/C & Refrigeration Services – Domestic/Small Commercial |
| 6002 | Electrical Installation & Mtce | | 8316 | A/C & Refrigeration Services – Industrial/Large Commercial |
| 6003 | Motor Overhauls | | 8401 | Personnel Carriers and Taxis |
| 6004 | Overhead Lines (Up to 12KV) | | 8402 | General Trucking Services |
| 6005 | Sub Sea Cable Installation | | 8421 | Cranes and Hoists – Light and Medium |
| 6006 | Electrical Testing Services | | 8422 | Cranes and Hoists - Heavy |
| 6101 | Elevator Installation & Mtce | | | |

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| 3. Business Activities | | | |
| 3.1 | What are the main business activities of your organisation? Please include any specialised works/services/goods. | | |
| 3.2 | How many staff does your organisation employ? Total: | | |
| | Permanent: | Contract: | Temporary: |
| 3.3 | What geographical location(s) you operate out of besides your Registered Address/Principal Place of Business? (State warehouse and/or workshop facilities) | | |

| 4. Fenceline Content / Strategy | | | |
|--|--|-----|--|
| 4.1 | (a) Do you have a CSR policy? (If “yes”, please submit a copy of same) | Yes | |
| | | No | |
| | (b) What % of your employees live within the HPCL Fenceline Communities? | | |
| (c) State what you’ve done or will do to help close skills gap which exist within the Fenceline community? | | | |

| 5. Work Experience | | | |
|--|--|---------------------------------|------------------------------------|
| 5.1 | Please provide your company’s work experience relevant to services selected from 2.10. List at least five (5) contracts, brief scope of works, value, reference and reference contact information. | | |
| Type of Contract (Brief Scope of Works) | Contract Value | Date commenced and completed | Reference and Reference Contact |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

| 5.2 | Sub-Contractors | |
|---|---------------------------------|--------------------|
| Please provide details of any/all sub-contractors which might / will assist you in providing the goods/works/services required. | | |
| Name of Sub-Contractor and Contact Information | Business Type/ Service Provided | % of your business |
| Sub-Contractor 1: | | |
| Sub-Contractor 2: | | |
| Sub-Contractor 3: | | |
| Sub-Contractor 4: | | |

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| 6. Associations and Conflicts | |
| 6.1 | a) Are you a relative of or do you have a relationship with any Heritage employee or their immediate relative that would cause any conflict of interest? |
| | b) Do you have any business relationship or otherwise with Heritage that would cause any conflict of interest? |
| | c) Please declare any contracts or connections with companies or persons that have the potential to cause any conflict of interest. |

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| 6.2 | Please declare any litigation against you locally or internationally which might be pending or underway. |
| 6.3 | Please declare any judgements against you. |
| 6.4 | Please advise whether you gave or received any bribe, grease payment or kickback in relation to the process of being a prospective Vendor with Heritage. |

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| 7. Insurance | | |
| 7.1 | Please state the name, address and a contact for your Insurers, Brokers or Agents. | |
| 7.2 | Please provide details of your current insurance cover | Value |
| | a. Workmen's Compensation: | |
| | b. Contractor's All Risk: | |
| | c. Public Liability: | |
| | d. Other (please provide details): | |

| | | | |
|-----------------------------|--|-----|--|
| 8. Quality Assurance | | | |
| 8.1 | Does your organisation hold a recognised quality management certification or industry recognition? | Yes | |
| | | No | |
| 8.2 | (a) Does your organisation have a quality management system? | Yes | |
| | | No | |
| | (b) If you do not have quality certification or a quality management system, please explain why: | | |

| 9. Health, Safety and Environment | | | | | |
|--|---|--------------------|--|----|--|
| 9.1 | Is your organization S.T.O.W. Certified? (Please submit a copy) | Yes | | No | |
| | Issued Date: | Validity End date: | | | |
| 9.2 | (a) Does your organisation have a written HSE policy? | Yes | | No | |
| | (b) If “No”, please explain why: | | | | |
| 9.3 | (a) Does your organisation have an environmental management system? | Yes | | No | |
| | (b) If “No”, please explain why: | | | | |
| 9.5 | (a) Does your organisation have a substance abuse policy? | Yes | | No | |
| | (b) If “No”, please explain why: | | | | |

| 10. Equal Opportunities | | | | | |
|--------------------------------|--|-----|--|----|--|
| 10.1 | (a) Does your organisation have an equal opportunities policy to avoid discrimination? | Yes | | No | |
| | (b) If “No”, please explain why: | | | | |

| 11. Professional and Business Standing | | | | | |
|---|--|-----|--|----|--|
| Do any of the following apply to your organisation, or to any of the director(s) / partners / shareholder(s) / employee(s)? | | | | | |
| 11.1 | Is in a state of bankruptcy, insolvency, compulsory winding up, receivership, composition with creditors, or subject to relevant proceedings | Yes | | No | |
| 11.2 | Has been convicted of a criminal offence related to business or professional conduct | Yes | | No | |
| 11.3 | Has committed an act of grave misconduct in the course of business | Yes | | No | |
| 11.4 | Has not fulfilled obligations related to payment of social security contributions | Yes | | No | |
| 11.5 | Has not fulfilled obligations related to payment of taxes | Yes | | No | |

| | | | | | |
|------|---|-----|--|----|--|
| 11.6 | Is guilty of serious misrepresentation in supplying information | Yes | | No | |
| 11.7 | Is not in possession of relevant licences or membership of an appropriate organisation where required by law | Yes | | No | |
| 11.8 | If the answer to any of these is “Yes” please give brief details below, including what has been done to put things right. | | | | |

| CERTIFICATE OF TRUTH | |
|---|--|
| I confirm that I am the duly authorised representative of the prospective Vendor and I hereby declare that the answers submitted in this Form are true and correct. I understand that the information will be used in the evaluation process to assess my organisation’s suitability to provide the goods/works or services required by Heritage. | |
| Name: | |
| Position: | |
| Organization: | |
| Date: | |
| Telephone number: | |
| Email Address: | |
| Signature: | |