



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):			

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)			

2.11	Please list the key tools and equipment (IT Software included) either owned, rented or leased by the Company to perform the Services above		
	Tool/Equipment Description	Model/Serial No.	O/R/L

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 listed 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:		

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.

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.

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	
8.2	(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:			
8.2	(a) Does your organisation have a written HSE policy?	Yes		No	
	(b) If “No”, please explain why:				
8.3	(a) Does your organisation have an environmental management system?	Yes		No	
	(b) If “No”, please explain why:				
8.5	(a) Does your organisation have a substance abuse policy?	Yes		No	
	(b) If “No”, please explain why:				

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

10. 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)?					
10.1	Is in a state of bankruptcy, insolvency, compulsory winding up, receivership, composition with creditors, or subject to relevant proceedings	Yes		No	
10.2	Has been convicted of a criminal offence related to business or professional conduct	Yes		No	
10.3	Has committed an act of grave misconduct in the course of business	Yes		No	
10.4	Has not fulfilled obligations related to payment of social security contributions	Yes		No	
10.5	Has not fulfilled obligations related to payment of taxes	Yes		No	

10.6	Is guilty of serious misrepresentation in supplying information	Yes		No	
10.7	Is not in possession of relevant licences or membership of an appropriate organisation where required by law	Yes		No	
10.8	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: