

## PRE-QUALIFICATION QUESTIONNAIRE

## **GENERAL INFORMATION**

- 1. The attached questionnaire must be filled in all respects by all bidders. FAILURE TO COMPLETE ANY PART OR OMISSION OF ANY REQUESTED DOCUMENT WILL LEAD TO AUTOMATIC DISQUALIFICATION OF THE APPLICANT.
- 2. Every information given by the applicant shall be treated in strict confidence.
- 3. Companies whose Directors and/or Officers are employees of the Company and/or the parent Ministry of their relationships or associates or affiliated firms must disclose their relationship in their application.
- 4. The company reserves the right to visit and inspect the business premises of the applicant to verify the information given.
- 5. No supplier would be allowed to seek for pre-qualification in more than one category of items UNLESS the categories are inter-related. The relevant categories are attached to this questionnaire.
- 6. The Mekong River Commission reserves the right to register or reject any applicant without giving any reasons to the applicant and the decision to accept or refuse any firm shall be at sole discretion of the company.
- 7. Applicants must attach a copy of the revenue receipt for *USDXXX.00* paid when returning this questionnaire.

**NOTE:** Applicants should note that any information given in this questionnaire and later is found to be incorrect shall also render the applicants to be disqualified.

CONFIL	<u>DENTIAI</u>	L BUSINESS PRE-QUA	ALIFICATION	I QUESTIONN	<u>AIRE</u>	
1. Nam	ne of Co	mpany in Full:				
2. Cate	gory Ap	plied for:				
3. Man	ndatory	Documents Require	d			
a) P.I.N	l No			(Attach a cop	y).	
b) Curr	ent Trac	ding License No		(Attach a	г сору).	
c) Cert	ificate o	f incorporation Regi	stration No.		(	(Attach a copy).
4. Busi	ness Str	ructure				
a) Com	pany					
	No.	Name of Direc	tors	Nationalit	y Sharel	holding
b) Part	nership				I	
•	-					
	No.	Name of Direc	tors	Nationalit	y Sharel	holding
Details	of parti	ners ( <i>indicate if sole</i>	proprietor):			
-		e any interest and s on consideration wi	_	=	npanies which have	also applied for
p. 0 q.			□ Yes	□ No		
If you	+a+a +h =	ir particulars:	<b>□ 163</b>	_ 110		
-		ir particulars:				
No.	Na	me of Company	Ac	ldress	Shareholding	Other
	1					

Serial No. \_\_\_\_\_ Receipt No. \_\_\_\_\_

7. Name the employees of			
No.	Name of Directors/Officers	Position	Department
8. Location of	f Business Premises		
Name of Build	ding:		
Plot Number:			
Name of Stree	et:		
loor Number	:		
Room Numbe	er:		
Contact Perso			
	on:		
Position held:			
Position held:			
Position held:			
Position held:  Other Busin  Postal Addres	ness Particulars		
Position held: <b>9. Other Busi</b> Postal Addres Felephone Nu	ness Particulars	umber:	
Position held: <b>9. Other Busi</b> Postal Addres Felephone Nu	ness Particulars s:Fax Nu	umber:	
Position held:  Other Busin  Postal Addres  Telephone Nu  -mail Addres  Name of your	ness Particulars s:Fax Nu	umber:	
Position held:  Postal Addres  Felephone Nu  -mail Addres  Name of your	ness Particulars s:Fax Nuss:Fax Nuss:Fax Nuss:	umber: Branch:	Mobile Numbers:
Position held:  Postal Addres  Felephone Nu  -mail Addres  Name of your	ness Particulars s:Fax Nuss:Fax Nuss: Bankers: ess Accommodation h of the following is relevant to	umber: Branch:	Mobile Numbers:
Position held:  Other Busin  Postal Addres  Telephone Nu  -mail Addres  Name of your  Type of Busin  ndicate which	ness Particulars  s:Fax Nuss:Fax Nuss: Bankers: ess Accommodation  the of the following is relevant to	umber: Branch:to your business accomm	Mobile Numbers:
Position held:  Postal Addres  Felephone Nu  -mail Addres  Name of your  Type of Busin  ndicate which  Office Only  Showroom	ness Particulars  s:Fax Nuss:Fax Nuss: Bankers: ess Accommodation  the of the following is relevant to	umber: Branch: to your business accomm	Mobile Numbers:
Position held:  Postal Addres  Felephone Nu  -mail Addres  Name of your  Type of Busin  ndicate which  Office Only  Showroom  10. Nature of	ness Particulars s:Fax Nuss:Fax Nuss: Bankers: ess Accommodation h of the following is relevant to	umber:  Branch:  to your business accomm  Shop  Store	Mobile Numbers:
Position held:  Postal Addres  Felephone Nu  -mail Addres  Name of your  Type of Busin  ndicate which  Office Only  Showroom  10. Nature of	ness Particulars  s:Fax Nuss:Fax Nuss: Bankers: ess Accommodation  n of the following is relevant to a second conducted are of business being conducted	umber:  Branch:  to your business accomm  Shop  Store  ed by your company:	Mobile Numbers:

6. Maximum value of Business which you can handle at any one time: USD \_\_\_\_\_\_

11. How long have you b	een in the above stated business?	
☐ 1-2 years	☐ 3-4 years	☐ 5-7 years
☐ 8-10 years	$\square$ 11 and above years	
12. Statutory Certificate		
- V.A.T. No	(Attach a copy).	
- If none state reasons: _		
	of organizations/companies your co years attaching copies of documen er	• •
☐ With the Mekong Rive	er Commission only	
☐ One/Two other organ	izations	
☐ Three/five other org	anizations	
☐ Six/Ten other organiza	ations	
☐ Eleven/Fifteen other o	organizations	
14. Based on your above conducted for the last	ve answer please state the value of t two (2) years	business your company has
a. Within the Mekong R	iver Commission Only	
☐ Lower than US\$100,00	00	
☐ From US\$100,000 to	US\$300,000	
☐ From US\$300,000 to U	JS\$500,000	
☐ From US\$500,000 to U	JS\$ 1 million	
☐ From Higher than US\$	5 1cmillion	
b. With Other Organiza	ations	
☐ Lower than US\$100,00	00	
☐ From US\$100,000 to	US\$300,000	
☐ From US\$300,000 to U	JS\$500,000	
☐ From US\$500,000 to U	JS\$ 1 million	
☐ From Higher than USS	5 1cmillion	

15	For	Renairs	and	Maintenance	Services	Only
TJ.	1 01	ivenaii 3	allu	IVIAIIILEIIAIILE	JEI VICES	

a.	Name other	organizations	that you	r Company	has dea	lt with	for	two (	2)	years
	attaching do	cumentary pro	of of orde	ers_						

No.	Company's Name	Business Field	Address

Types o	e the type of Equipment owned of equipment:  e the qualifications of the key st		
No.	Content		Number of Staff
1	Experience Only		
2	Artisans		
3	Diploma Holders		
4	Graduated		
		DECLARATION	
I/We	on behalf of		declare that the above
Informat	ion is correct to the best of my k	knowledge.	
	Signature	Title	Date

(Official Stamp)