



VENDOR / CONTRACTOR PRE-QUALIFICATION QUESTIONNAIRE

Document No.:	KHI-PRO-F-004
Revision No.:	1.0
Issue Date:	August 2011

Complete all sections in legible English. Please ensure required supporting documentation is attached together with any company literature/brochures etc.

Please indicate whether you are:

Vendor	<input type="checkbox"/>
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Contractor	<input type="checkbox"/>
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1.0 COMPANY INFORMATION

Company Name:			
Address:		City:	
Contact Number(s):		Fax No:	
Website:		Email:	
If Subsidiary company, please provide details of Parent company			

2.0 PRIMARY CONTACT DETAILS

Name:		Title:	
Mobile Number:		Fax No:	
Email:			

3.0 DETAILS OF BUSINESS

Nature & Type:			
Services Offered:	(use separate sheet if required)		
Scope of Services:		Speciality:	
Years in Business:		Years with Khidmah:	
Branches (if any):		Status:	(i.e Sole Trader/Partnership)
		Classification:	(for civil contractors)
No. of Employees:		Please provide details of key personnel with relevant experience / expertise and skills on separate sheet.	

4.0 PRE-REQUISITES

- 4.1 Acceptance of Khidmah terms and conditions for any subsequent agreement Yes No
- 4.2 Acceptance of Khidmah confidentiality/ non disclosure agreement Yes No

5.0 OPERATIONS (DELIVERY, QUALITY, LOCATION)

- 5.1 Do you have a documented quality policy and procedures in place ? Yes No
- 5.2 Do you measure delivery performance to customers ? Yes No
- 5.3 Do you have a notification system for missed / late delivery ? Yes No
- 5.4 Do you measure quality performance to customers ? Yes No
- 5.5 Please indicate if your operations are certified by a recognized Quality System ISO 9001:2008 Other _____
- 5.6 Who is responsible for quality management within your organization ?

Name:		Title/Function:	
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6.0 ENVIRONMENT, HEALTH AND SAFETY (EHS)

- 6.1 Do you have a documented Health and Safety policy in place; if Yes please provide a copy Yes No
- 6.2 Do you keep accident statistics ? If Yes please attach last 2 years figures. Yes No
- 6.3 Who is responsible for EHS issues and performance within your company ?

Name:		Contact Details:	
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7.0 INSURANCE INFORMATION

Do you carry the following Insurance cover ? (please provide copies)

- 7.1 Public Liability / General Third Party Liability Yes No
- 7.2 Product Liability Yes No
- 7.3 Employee Liability Yes No
- 7.4 Professional Indemnity Insurance Yes No

8.0 FINANCIAL INFORMATION

8.1 Annual Turnover:		Bank Ref:	
8.2 Current Assets:		Current Liabilities:	

- 8.3 Is your company currently involved in any claims ? Yes No

If Yes, provide details

8.4 Credit Terms:	Value:		Credit Period:	Days
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9.0 LEGAL DOCUMENTS

Please provide copies of:

- 9.1 Trade Licence Yes No
- 9.2 Chamber of Commerce Registration Yes No
- 9.3 Power of Attorney Yes No
- 9.4 Authorized Signatory Passport Copies Yes No

10.0 CLIENT REFEREES

10.1 Please provide three (3) client references. One of these references to be a current client. Details to include:

Organisation	Referee Name	Contact Details	Type of Service/Contract

11.0 ACCEPTANCE AND SIGNATURES

Please confirm your acceptance to this questionnaire and to confirm information given is correct.

Name:		Title / Position:	
Signature:		Date:	