

**PREQUALIFICATION
&
REGISTRATION
OF
VENDORS / SUPPLIERS
FOR GOODS, WORKS AND
SERVICES**

1. PRE-QUALIFICATION GENERAL INSTRUCTIONS & GUIDELINES

1.1. Introduction

- a. This document is considered by TIP to be a very important one for evaluating suitability of an organization as a prospective Supplier and Sub-contractor. Hence you are requested to follow these instructions for completing the Pre-qualification application.
- b. The applicant is requested to provide particulars as indicated in the enclosed Prequalification form as accurately as possible and where space provided is not sufficient, please use a separate sheet of paper and attach to this form.
- c. If the information given is found to be incorrect in any respect, the applicant shall be rendered ineligible for registration.
- d. All the information provided would be treated as confidential.
- e. This prequalification document is eligible for category item/s selected in this form.
- f. TIP reserves the right to visit and inspect business premises of all the applicants to verify information provided as and when applicable.
- g. The firm must have a fixed Business Premise and must be registered in Abu Dhabi or in other emirates of the UAE with Chamber of Commerce, certificate of Registration, copies of which must be attached.

1.2. Pre-qualification Objective

The main objective is to supply and deliver assorted items and also provide services or works to TIP on as and when required from Pre-qualified Vendors.

1.3. Invitation of Pre-qualification

Vendors / Organizations registered and accredited under the Laws of UAE in respective merchandise or services or works are invited to submit their Pre-qualification documents to TIP Procurement and Contracts Department so that they may be pre-qualified for submission of quotations or participate in the Tender process initiated by TIP. The prospective Suppliers/Sub-contractor are required to provide mandatory information for pre-qualification.

1.4. Experience

Prospective Suppliers/Sub-Contractors must have carried out successful supply and delivery of similar items/services to Government/ Corporation/ institutions of similar size. Potential Suppliers/Sub-Contractors must demonstrate the willingness and commitment to meet the pre-qualification criteria.

TIP may waive some of the conditions in this document in line with TIP Procurement Policy and management decision.

1.5. Pre-qualification Document

This document includes questionnaire forms and documents required of prospective vendor.

In order to be considered for pre-qualification, prospective vendor must submit all the information herein requested.

1.6. Submission of Pre-qualification Documents

A copy of the completed pre-qualification data and other requested information shall be submitted to reach:

**Supplier Registration Officer
Procurement & Contracts Department
Tawazun Industrial Park LLC**

The Prequalification documents have to be submitted as soft copy i.e. pdf format as attachments to email and addressed to registration@tip.ae. Take note that maximum capacity of email attachment is limited to 8MB, however, should the documents' total capacity exceeds 8MB, coordinate with the Supplier Registration Officer to assist in uploading the registration/prequalification documents using TIP's file transfer link (i.e. Barq)

1.7. Questions Arising from Documents

Questions that may arise from the pre-qualification documents should be directed to the following contact person:

Supplier Registration Officer
Procurement & Contracts Department
Email: registration@tip.ae

1.8. Additional Information

TIP reserves the right to request submission of additional information from prospective vendor / organization.

2. PRE-QUALIFICATION DATA INSTRUCTIONS

2.1. Pre-qualification data forms

The enclosed questionnaire form has to be completed by prospective organization / vendor who wish to be pre-qualified and included in roster of TIP's Approved Vendors List either as a Sub-Contractor (Use PQ Form 1). or a Supplier (Use PQ Form 2).

The pre-qualified application form which are not filled out completely and submitted in the prescribed manner will not be considered. All the documents that form part of the pre-qualification must be written in English.

2.2. Evaluation Process

Applicant shall be evaluated based on the information and supporting documents provided.

Section 1. – All information must be filled. Attachments requested are mandatory.

Section 2. – Financial capability shall be reviewed and will be checked for Company's financial capability such as either "recommended" or "not recommended"

Sections 3, 4, 5, 6, – The Applicant shall receive minimum 50% passing rate in each section and an overall 50% under section 03 – 07 in order to qualify to do business with TIP. Some sections are not applicable to Service Providers and Suppliers, albeit, overall 50% rating stands.

2.3. Registration of Vendor

Upon passing the prequalification evaluation and approval, a registration letter or e-mail communication shall be sent to the applicant advising their successful registration as an approved TIP Vendor. The information shall include the Vendor Reference Number, the category or categories that they are prequalified.

The Applicants shall note that, even though the Company's / Vendors are registered with TIP, in order to work within TIP, a security clearance is mandatory for all the Company's and this will be conducted during the tender stage.

SUB-CONTRACTOR PREQUALIFICATION FORM

Note: When completing the PQ form, please provide the answers on the form. Additional information or supporting documents, if any, shall be attached to the form.

SECTION 1: COMPANY DETAILS AND GENERAL INFORMATION	
1. Name of Company:	
2. Street Address: Postal Code: City: Country:	3. Mailing Address / P.O. Box:
4. Tel:	5. Fax:
6. Email:	7. Website:
8. Name of Contact Person : Title / Designation :	
9. Type of Business (Tick mark one only): Corporate/ Limited <input type="checkbox"/> Partnership <input type="checkbox"/> Other (specify): <input type="checkbox"/>	
10. Details of Company Shareholding	
11. Year Established :	12. Trade License No. / Business Licence No.:
13. Power of Attorney – provide POA details of company signatories	14. Place of registration: <input type="checkbox"/> Abu Dhabi <input type="checkbox"/> Others (please specify) _____
15. Name of Sponsor: Mobile No.	16. Name of Partner: Mobile No.
17. Name of Shareholder (if any): Mobile No.	18. Name of Shareholder (if any): Mobile No.

Attachments to Section 1. (Mandatory documents)

1. Valid Trade License copy
2. Power of Attorney (PoA)
3. Chamber of Commerce, Municipality Classification
4. Passport copy of Sponsor, Shareholder and Partner
5. Visa page copy of Shareholder and Partners (if expats)

SECTION 2: FINANCIAL INFORMATION

1. Balance Sheet Information (for the last 3 years)	Year 1 _____	Year 2 _____	Year 3 _____
Fixed Assets			
Current Assets			
Current Liabilities			
Paid Up Capital			
Long Term Liabilities			
2. Turnover (for the last 3 years)	Year 1 _____	Year 2 _____	Year 3 _____
Gross Income			
Net Income			
3. Bank and Branch Name Address: _____ Type of Account: _____ Bank Account Name: _____			
4. Please provide a copy of the Company's last 3 years Annual or Audited Financial Report.			
5. Federal Tax Authority – VAT Registration Number:			

Attachment to Section 2.

1. Last 3 years' Audited Financial Statements (if not provided, please state the reasons.)
2. VAT Certificate

SECTION 3: TECHNICAL CAPABILITY AND INFORMATION ON SERVICES OFFERED

1. Provide company profile, details of the company organization and management structure.		
2. Detail the staff resources and disciplines held by the company both regionally and internationally. (For IT RELATED SERVICES – List down applicable partnership brands, products, software, solutions, distributorship, technical support, training)		
3. References (your clients, country, year and types of contracts) – Provide 3 references including company name, work provided and contact details		
Client / Organization Name & address	Name of Contact Person and Telephone or e-mail if available	Project Details including Location, Completion Date and Value
4. Years of Experience in the UAE: (please tick as applicable) <input type="checkbox"/> 0 (< 1 year) <input type="checkbox"/> Above 1 and up to 5 <input type="checkbox"/> Above 5 and up to 10 <input type="checkbox"/> Above 10 and up to 15 <input type="checkbox"/> More than 15 years		
5. Years of Experience internationally: (please tick as applicable) <input type="checkbox"/> 0 (< 1 year) <input type="checkbox"/> Above 1 and up to 5 <input type="checkbox"/> Above 5 and up to 10 <input type="checkbox"/> Above 10 and up to 15 <input type="checkbox"/> More than 15 years		

6. Maximum Value of a Single Project Executed previously: (please tick as applicable)			
<input type="checkbox"/> < 300 Thousand (K)	<input type="checkbox"/> Above 300 to 500K	<input type="checkbox"/> Above 500K to 1 Million (M)	<input type="checkbox"/> Above 1 M
7. Maximum value of a Single Project can be executed as per your company's current capability: (please tick as applicable)			
<input type="checkbox"/> < 300 Thousand (K)	<input type="checkbox"/> Above 300 to 500K	<input type="checkbox"/> Above 500K to 1 Million (M)	<input type="checkbox"/> Above 1 M

Attachments to Section 3:

1. List of completed and ongoing projects (please follow below table format. Fill details in a separate sheet in the below format and then attach with this PQ form.)

S/n	Project Title and Scope of Work/s or Services	Client	Consultant Fee	Project Value (AED)	Project Status	Year
1.						
2.						
3.						

SECTION 4. COMPANY RESOURCES — (Please indicate if Section is "Not Applicable and provide justification why is it not applicable)

1. Provide Company's own plant, equipment and labour (as approved by UAE Labour Dept.) in the UAE. Applicants shall attach the UAE Labour Dept. Approved List.

Attachment to Section 4.

1. UAE Labour Department approved labour's list.
2. Company Profile, Product/Service Catalogue, Partnership, Affiliation

SECTION 5: QA / QC

1. Do you have QMS Policy? If Yes, attach QMS Policy statement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1. Do you have ISO9001 certificate? If Yes, attach ISO certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Any other accreditation / certifications or UAE Government certifications available? e.g. HACCP, ADDC ADWEA, TADWEER, etc. If Yes, attach copy of certificates	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Attachment to Section 5.

1. QA/QC certificates available
2. QMS Policy Statement
3. Other Accreditation or available UAE Government Certificates

SECTION 6: HSE

1	Do you have a HSE management system? If Yes, attach the policy statement and table of contents of the management system.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Is your management system approved by OSHAD/ADPHC? If Yes, attach the approval certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Do you have ISO 45001 or OHSAS 18001 certification? If Yes, attach the certificate.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Do you have ISO 14001 certification? If Yes, attach the certificate.	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 7. ADDED VALUE

1. Added Value – should the Applicant consider they have anything of added value that can be brought to TIP in their respective categories, please provide details. (e.g. Working with TIP, Experience in Military Works, Special Appreciation from Clients or anything the Company may consider as an added value. .)

Certification: I, the undersigned, hereby warrant that the information provided in this form and the supporting documents is correct, and in the event of changes details will be provided as soon as possible:

Name:

Functional Title:

Signature:

Date and Seal:

Statement of Confidentiality

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SUPPLIER PREQUALIFICATION FORM

Note: When completing the PQ form, please provide the answers on the form. Additional information or supporting documents, if any, shall be attached to the form.

SECTION 1: COMPANY DETAILS AND GENERAL INFORMATION	
1. Name of Company:	
2. Street Address: Postal Code: City: Country:	3. Mailing Address / P.O. Box:
4. Tel:	5. Fax:
6. Email:	7. Website:
8. Name of Contact Person : Title / Designation :	
9. Type of Business (Tick mark one only): Corporate/ Limited <input type="checkbox"/> Partnership <input type="checkbox"/> Other (specify): <input type="checkbox"/>	
10. Details of Company Shareholding	
11. Year Established :	12. Trade License No. / Business Licence No.:
13. Power of Attorney – provide POA details of company signatories	14. Place of registration: <input type="checkbox"/> Abu Dhabi <input type="checkbox"/> Others (please specify) _____
15. Name of Sponsor: Mobile No.	16. Name of Partner: Mobile No.
17. Name of Shareholder (if any): Mobile No.	18. Name of Shareholder (if any): Mobile No.

Attachments to Section 1. (Mandatory documents)

1. Company Profile, Product Catalogue, Partnership, Affiliation Certificates
2. Valid Trade License copy
3. Power of Attorney
4. Chamber of Commerce
5. Passport copy of Sponsor, Shareholder and Partner
6. Visa page copy of Shareholder and Partners (if expats)

SECTION 2: FINANCIAL INFORMATION	
1. Annual Turnover in AED from the last 3 years: (a) Year 1: AED _____ (b) Year 2 : AED _____ (c) Year 3 : _____	
2. Bank and Branch Name Address:	4. Type of Account:
3. Bank Account Name:	
5. Federal Tax Authority – VAT Registration Number: (Attach VAT Certificate)	

SECTION 3: TECHNICAL CAPABILITY AND INFORMATION ON SERVICES OFFERED

1. Attach Company Profile, details of the company organization and management structure.

2. Detail of products or catalogue with material specifications. Please attach

3. References (your clients, country, year and types of contracts) – Provide 3 references including company name, work provided and contact details

Client / Organization Name & address	Name of Contact Person and Telephone or e-mail if available	Project Details including Location, Completion Date and Value

4. Years of Experience in the UAE: (please tick as applicable)

☐ 0 (< 1 year) ☐ Above 1 and up to 5 ☐ Above 5 and up to 10 ☐ Above 10 and up to 15 ☐ More than 15 years

5. Years of Experience internationally: (please tick as applicable)

☐ 0 (< 1 year) ☐ Above 1 and up to 5 ☐ Above 5 and up to 10 ☐ Above 10 and up to 15 ☐ More than 15 years

6. Maximum Value of a supply in annual basis? (please tick as applicable)

☐ < 300 Thousand (K) ☐ Above 300 to 500K ☐ Above 500K to 1 Million (M) ☐ Above 1 M

SECTION 4: QA / QC

1. Do you have QMS Policy?

☐ Yes

☐ No

If Yes, attach QMS Policy statement

1. Do you have ISO9001 certificate?

☐ Yes

☐ No

If Yes, attach ISO certificate

3. Any other accreditation / certifications or UAE Government certifications available? e.g. HACCP, ADDC ADWEA, TADWEER, etc.

If Yes, attach copy of certificates

☐ Yes

☐ No

SECTION 5. ADDED VALUE

1. Added Value – should the Applicant consider they have anything of added value that can be brought to TIP in their respective categories, please provide details. (e.g. Working with TIP, Experience in Military Works, Special Appreciation from Clients or anything the Company may consider as an added value. .)

Certification: I, the undersigned, hereby warrant that the information provided in this form and the supporting documents is correct, and in the event of changes details will be provided as soon as possible:

Name:

Functional Title:

Signature:

Date and Seal:

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