



TENDERER PREQUALIFICATION QUESTIONNAIRE

In order to be considered for pre-qualification, applicants must complete all sections of the Questionnaire, including the Declaration of Truth Signature page, as well as submit all the information requested. The evaluation of applications will be based on the information submitted and any further information requested for clarification purposes.

SECTION 1: COMPANY INFORMATION

1. **Name of Organisation:**
2. **Business Address:**
3. **Business Telephone Number(s):**
4. **Email address:**
5. **Name of Key Respondent:**
6. **Contact Number for Key Respondent:**
7. **B.I.R. Certification Number:**
8. **National Insurance Scheme Registration Number:**
9. **V.A.T Number (If applicable):**
10. **Types of Goods/Services Offered:**
11. **Date of Incorporation of Firm/Business:**
12. **Legal Structure of Firm:**

Sole Trader

Public Company

Private Company

Limited Liability

Non-Profit Organisation/Association

Other (Please specify):



13. Please state the names of the Principal Owners, all Directors and Parties holding voting rights:

PRINCIPAL OWNERS	DIRECTORS	OTHER PARTIES WITH INFLUENTIAL VOTING RIGHTS

(PLEASE SUBMIT A COPY OF COMPANY REGISTRATION DOCUMENTS AND COMPANY PROFILE)

KINDLY INDICATE SERVICES OFFERED: (SEE APPENDIX A)

14. **INSURANCE (IF APPLICABLE) *:**

- Public Liability (\$ value to be established on a per contract basis)
- Workmen Compensation (\$ value to be established on a per contract basis)
- Motor Vehicle
- Employer's Liability
- Contractor's All Risk Liability
- Professional Indemnity (Consultants)

The insurances to be provided are not limited to the list above and is dependent on the nature and value of the works, services or goods to be provided.

Type of Insurance	Name of Insurer	Value	Period	Are Any claims pending (Yes or No)



15. Has your organisation or anyone working on its behalf ever been involved in bribery or corruption, or are there any current criminal or regulatory investigations pending against your organisation or anyone working on its behalf?

Yes No

If yes, please provide an account of the investigation on an additional sheet.

16. Indicate in the table below, the work class and contract range per annum for which your company is applying*.

Contract Ranges:

- A. \$50,000.00- \$100,000.00 (TT)
- B. \$101,000.00- \$250,000.00 (TT)
- C. \$251,000.00-\$500,000.00 (TT)
- D. \$500,000.00-1,000,000.00 (TT)
- E. \$1,000,000.00 and over (TT)

Please see **Appendix A** for work groups and classes.

No. and Name of Work Class	Contract Range



SECTION 2: FINANCIAL INFORMATION:

BANKER(S):

Bank Name:

Bank Address:

Branch No:

Name on Account:

Bank Account Number:

Type of Account:

Chequing

Savings

Other

Please provide a banker's credit reference of your organization's standing.

Contact Person:

Email:

Mobile

Revenue:

- Micro Contractors - up to \$99,999 TTD
- Small Contractors - between \$100,000 TTD and \$499,999 TTD
- Medium Contractors - between \$500,000 TTD and \$999,999 TTD
- Large Contractors - Over \$1,000,000 TTD

Please attach the following documents for the last two financial years.

- A. Audited Financial Statements (applied to companies only and to be signed by two (2) Directors).

OR

Accountant's Report (applies to sole proprietors to be signed by all proprietors)

- B. Bankers letter (issued within the last 3 months)



SECTION 3: REFERENCES

3.1 Provide a minimum of three (3) references where goods/services were sourced within the last 12 months. References mentioned here, must complete Appendix B – Reference Form and submit directly to the Tobago Hospitality and Tourism Institute at procurement@thti.edu.tt or submit via the google form.

Name	Position	Company	Mobile No. and Email Address

3.2 List and provide copies of any Quality Assurance Certificates and special certification that you may hold.

Certifying Body/Rewarding Organisation	Type of Certificate and Description	Date Awarded



SECTION 4: EXPERIENCE AND HISTORY

4.1 Provide copies of the Curriculum Vitae of key personnel.

Name	Position (Director, Manager, Supervisor etc.)	Qualifications (Masters, Bachelors' Degree, Associates Degree etc.)	No. of Years Experience with company	Position		
				Permanent	Contract	Temporary
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 5: OTHER

5.1 Do you provide after sales service? If yes, please provide details of service.

5.2 Specify the average expected delivery time for goods/services provided to THTI.

5.3 Acceptance of Payment Terms:

Thirty (30) days Sixty (60) days Ninety (90) days

5.4 Do you or any employee within your organization have any existing relationship, business or otherwise, with the Tobago Hospitality and Tourism Institute that would cause real or perceived conflicts of interests?

No

Yes, please specify:



SECTION 6: DECLARATION OF TRUTH

I (INSERT NAME OF REPRESENTATIVE) certify that I am an authorized representative of applicant business (NAME OF COMPANY), and that the information provided in this form is true and correct to the best of my knowledge and all responses are complete and all additionally requested documents have been submitted.

I recognize that the information submitted in this application is for the purpose of pre-qualifying my business with the Tobago Hospitality and Tourism Institute. I authorize the Institute to contact any named entity within this application for the purpose of verifying the information supplied.

I affirm that my business or any of its directors are not insolvent, in receivership, bankrupt or being wound up. Our affairs are not being administered by a court or judicial officer, our business activities have not been suspended and we are not the subject of legal proceedings for any of the foregoing.

I agree to provide written notice to the THTI of any material change in the information contained in the original application within 30 calendar days of such change. I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for denial or immediate revocation of pre-qualification.

I declare, under penalty of perjury, that the information provided in this application and supporting documents are true and correct.

Name:

Position:

Signature:

Date:

Company Stamp: