



CONTRACTORS/SUPPLIERS QUALIFICATION SYSTEM
RQ/JPT/012/19

Provision of Drilling & Rig Waste Collection, Handling, Transportation, Treatment & Disposal Services for the Drilling campaign for Structures A and E Development Project

PREQUALIFICATION QUESTIONNAIRE FOR SUPPLIERS OF SERVICES AND/OR GOODS

This pre-qualification questionnaire, comprising six (6) Sections, is aimed to collect technical, commercial and organizational data on the Suppliers of services and/or products for the purpose of a proper evaluation of the Suppliers to be included in the pre-qualified Suppliers' List of Mellitah Oil & Gas BV

The questionnaire, duly completed, shall be returned together with the prequalification documents to Mellitah Oil & Gas BV.

All information provided will be treated as confidential and will not be disclosed to third parties, unless authorized in advance.

Instructions for the data / information entry:

1. Detailed information on Partners, affiliates, etc. shall be specified with appropriate attachments.
2. Sections not applicable should be annotated "N/A".
3. Duplicate if necessary and attach any additional information, data sheets, catalogues, brochures, etc., as appropriate.

"Company" means your Company or Company Group; "Unit" means any Subsidiary, Branch, Division, Department, Section of your Company.

4. For any clarifications please contact:

JPT Pre-Qualification Committee

Mellitah Oil & Gas B.V.

Dat El Emad Complex, Tower 1, Floor 9, P.O. Box 91651, Tripoli, LIBYA

Tel: +218.21.3350746-7-8 Fax: +218.21.3350628

JPT.PRQ@MellitahOG.LY

PERSON(S) INVOLVED IN THIS QUESTIONNAIRE COMPILATION:

COMPILER OF THE QUESTIONNAIRE AND AUTHORIZED CONTACT FOR FOLLOW-UP:

NAME: UNIT/DEPARTMENT:..... POSITION: :.....
TELEPHONE No: TELEFAX No: Email :



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PROFILE OF THE COMPANY

1.1 Structure of the Company - General Information

| | | | |
|---|------|--------------|---------|
| <u>COMPANY NAME</u> | | LEGAL STATUS | |
| PRIVATE OR STATE-OWNED | | FISCAL CODE | |
| REGISTERED ADDRESS | | | |
| | TOWN | | COUNTRY |
| <u>HEAD OFFICE</u> | | | |
| REGISTERED ADDRESS | | | |
| | TOWN | | COUNTRY |
| TELEPHONE No. | | | |
| TELEFAX No. | | TELEX No. | |
| <u>WORKSHOP</u> | | | |
| REGISTERED ADDRESS | | | |
| | TOWN | | COUNTRY |
| TELEPHONE No. | | | |
| TELEFAX No. | | TELEX No. | |
| <u>REGISTRATION, AUTHORIZATIONS</u> | | | |
| Fully Libyan Company | | yes | no |
| Foreign Company Officially Registered in Libya | | yes | no |
| If YES, indicate No. of Certificate and Date of Registration | | | |
| Company certification with Libya NOC (national oil cooperation) | | | |
| If YES, indicate No. of certificate and date of Registration | | | |
| Previous Experience with Eni Gas | | yes | no |
| Previous Experience in Libya | | yes | no |
| Permanent Organization in Libya | | yes | no |

Attach the organization chart of the Company.

If the Company is part of a group of Companies, provide an organization chart indicating the relevant position.

Group of Companies

Company name: status within the group

| | |
|---|----------------|
| 1 | Holding |
| 2 | Associated Co. |
| 3 | Controlled Co. |
| 4 | Subsidiary Co. |

Shareholders:

| | | | |
|-----------------------|-------|--------|---|
| Names of Shareholders | | shares | % |
| | | shares | % |
| | | shares | % |



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..... shares %

Notes:

1.2 Technical References

List the main technical references of the Company (documentary evidence, if any, should be attached to the questionnaire), as follows.

Give detail of any services provided for Mellitah Oil & Gas BV within the last 3 years.

Provide statements of satisfactory performance, obtained from the clients mentioned.

| | | | |
|--|--|--|--|
| Client | | Client | |
| Scope of the contract | | Scope of the contract | |
| Estimated Value of the contract | | Estimated Value of the contract | |
| Year of delivery or Commence. Date | | Year of delivery or Commence. Date | |
| Contract per. / validity | | Contract per. / validity | |
| Description of activities carried out directly | | Description of activities carried out directly | |
| Works sub-contracted | | Works sub-contracted | |
| Client | | Client | |
| Scope of the contract | | Scope of the contract | |
| Estimated Value of the contract | | Estimated Value of the contract | |
| Year of delivery or Commence. Date | | Year of delivery or Commence. Date | |
| Contract per. / validity | | Contract per. / validity | |
| Description of activities carried out directly | | Description of activities carried out directly | |
| Works sub-contracted | | Works sub-contracted | |

1.3 Financial Data and Assets Liabilities

Company's capital

Turnover of the company: year 2018

2017

2016

2015

Turnover of the group: year 2018

2017

2016



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2015**

| BANK REFERENCES | Bank | Head office | Phone No. | Fax No. | Contact |
|------------------------|------|-------------|-----------|---------|---------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Please attach: 1. copy of the last 2 (two) deposited balance sheets .
 2. written authorization to contact the bank indicated, for verification of references.
 3. declaration that no arbitration and/or litigation with client or supplier(s) exist.

1.4 Overall Operational Capacities - Services, work performed -

| Operational capacity / year (hours) | | Years of experience (no.) | ... | Workload undertaken (hours) | | Workload expected (hours) | | Man-days lost because of strike (no.) | |
|-------------------------------------|-------|---------------------------|-----|-----------------------------|-------|---------------------------|-------|---------------------------------------|-------|
| | | | | | | | | | |

Description of activities carried out directly by your Company:

.....

1.5 Overall Operational Capacities - Goods/products manufactured -

| Operational capacity / year (hours) | | Years of experience (no.) | ... | Workload undertaken (hours) | | Workload expected (hours) | | Man-days lost because of strike (no.) | |
|-------------------------------------|-------|---------------------------|-----|-----------------------------|-------|---------------------------|-------|---------------------------------------|-------|
| | | | | | | | | | |

Goods manufactured directly by the Company:

| | | | | | |
|---|--|---|--|----|--|
| 1 | | 5 | | 9 | |
| 2 | | 6 | | 10 | |
| 3 | | 7 | | 11 | |
| 4 | | 8 | | 12 | |

1.6 Overall Operational Capacities - -

If the Company neither manufactures goods/products nor provides services directly, list the following data, as per table below:

| | | | |
|---|--|--|---|
| Goods/products/services resold/represented: | | | |
| Manufacturer's Company name | | | |
| Type of business relation with the Manufacturer.: | Associated | Represented | |
| Activity carried out by the Company | Company capable of handling the commercial aspects of the supply only. | Company capable of handling a part of the technical aspects (certificates, tests, ...) | Company capable of providing other related services, such as: delivery, |



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| | | | |
|---|--|---|---|
| | | | technical assistance) |
| Goods/products/services resold/represented: | | | |
| Manufacturer's Company name | | | |
| Type of business relation with the Manufacturer.: | Associated | Represented | |
| Activity carried out by the Company | Company capable of handling the commercial aspects of the supply only. | Company capable of handling a part of the technical aspects (certificates, tests, etc.) | Company capable of providing other related services, such as: delivery, technical assistance) |

In addition, please provide the following details of information in respect to:

- Location, surface, personnel employed at the points of sale
- Management, inspection and monitoring resources
- Means of transportation
- Products/materials storage, identification and traceability systems

Notes:

.....

.....

.....

.....

.....

1.7 Safety and Environmental Policy

Describe the Safety Management System implemented by the Company:

| | | | |
|---|---|-----|----|
| 1 | Company HSE Management Plan | yes | no |
| 2 | If "yes", specify if there is an implementation program for ensuring compliance | yes | no |
| 3 | Specific Company's training programme in respect of safety | yes | no |
| 4 | Formal method of accident reporting | yes | no |
| 5 | If "yes" submit safety statistics of accidents during last three years | yes | no |
| 6 | Safety supervisor | yes | no |

Please attach any relevant documentation (manual, procedures, etc.)

Notes:

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2. CORPORATE QUALITY SYSTEM

2.1 Structure of the Unit - QA Manual

Please attach the organization chart of the Unit

| | | | |
|---|---|-----|----|
| 1 | Quality System in place | yes | no |
| 2 | System described in a proper manual | yes | no |
| 3 | Manual conformity to the family ISO 9000 standard | yes | no |
| 4 | Procedure in place in respect of possible accidents | yes | no |
| 5 | System certified by third party certification body | yes | no |

Please attach:

- one copy of available certificate
- one copy of the Quality Manual.

Notes:

3. CONTRACT MANAGEMENT PLAN

3.1 Activities Planning System and Time/Cost Management

Provide description of the available project management system, with respect to:

- time management and cost control
- construction/production management
- productivity control
- material management

Attach a typical Project Execution Plan with description of the following activities: Engineering, Procurement, Construction, Quality Assurance, Project Control.

Notes:

4. PROCUREMENT UNIT

Submit detailed information on the capacities, the structure and human resources assigned to the procurement activities.

4.1 Structure of the Unit - Resources Assigned

Submit organization chart of the Unit, with evidence of human resources assigned

List the specific experience/references related to procurement activities within your Company



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5. QC, INSPECTION AND TESTS

Detailed information on the capacities, structure, equipment and facilities, human resources employed in the quality control activities.

5.1 Testing Equipment/Facilities/Instruments

State whether the periodical calibration of the instruments is effected; in the affirmative, specify the Unit concerned and whether such Unit is within or outside the company

| | <u>Description of the instrument</u> | <u>Characteristics</u> | <u>Quantity</u> |
|---|--------------------------------------|------------------------|-----------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

Notes:

.....
.....

6. LOGISTICS & FACILITIES

Detailed information on the structure and management of the logistics and facilities within your company.