

PRQ/JPT/013/19: Provision Of Environmental Impact Assessment Study For Drilling Campaign For A & E Structure

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.

<u>Instructions for the data / information entry:</u>

- 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

COMPANY NAME LEGAL STATE			US	
PRIVATE OR STATE-OWNED		FISCAL COD	E	
REGISTERED ADDRESS				
TOWN			COUNTRY	
HEAD OFFICE				
REGISTERED ADDRESS				
TOWN			COUNTRY	
TELEPHONE No.				
TELEFAX No.		TELEX No.		
WORKSHOP				
REGISTERED ADDRESS				
TOWN	TOWN			
TELEPHONE No.				
TELEFAX No.				
REGISTRATION, AUTHORIZATIONS				
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	Holdir	ng	
			2	Assoc	iated Co.	
			3	Contro	olled Co.	
			4	Subsid	diary Co.	
Shareholders:	Names of Shareho	olders			shares	%
					shares	%
					shares	%
					shares	%
Notes:						



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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:			
		2017	
		2016	
		2015	
Turnover of the group:	year	2018	
		2017	
		2016	
		2015	



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PREOUALIFICATION OUESTIONNAIRE FOR SUPPLIERS OF SERVICES AND/OR GOODS

TREQUALITICAT	TOTA QUESTION	NAIRE FOR SUFFLIER	OF BERVICE	S AND/OR GO	OD 5
BANK REFERENCES	Bank	Head office	Phone No.	Fax No.	Contact
;	2. written authorizati	(two) deposited balance son to contact the bank incoarbitration and/or litigation	dicated, for verifica		9S.

1.4 Overall Operational Capacities - <u>Services</u>, <u>work performed</u> -

Operational capacity / year (hours)		Years of experience (no.)		Workload undertaken (hours)		Worklo expecto (hours)	ed	 Man-days lost because of strike (no.)	
Description of ac	ctivities car	ried out direc	tly b	y your Compa	any:				
Overall Operati	onal Cana	cities - Goo	ds/n	roducts mar	ufactu	red -		 	
Operational capacity / year (hours)		Years of experience (no.)		Workload undertaken (hours)		Worklo expect (hours)	ed	 Man-days lost because of strike (no.)	
Goods manufact	tured direct	ly by the Cor	npar	ny:					•
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		Represei	nted
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, technical assistance)
Goods/products/services resold/represented:				
Manufacturer's Company name				



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Type of business relation with the Manufacturer.:	Associated	Represented
Activity carried out by the Company	handling the handling commercial aspects technical	ny capable of g a part of the al aspects ates, tests, 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

Describe the Safety Management System implemented by the Company: 1
2 If "yes", specify if there is an implementation program for ensuring compliance 3 Specific Company's training programme in respect of safety 4 Formal method of accident reporting 5 If "yes" submit safety statistics of accidents during last three years 6 Safety supervisor 9 yes 1 Safety supervisor 9 yes 1 Safety supervisor 9 yes
1 Company HSE Management Plan 2 If "yes", specify if there is an implementation program for ensuring compliance yes 3 Specific Company's training programme in respect of safety yes 4 Formal method of accident reporting yes 5 If "yes" submit safety statistics of accidents during last three years yes 6 Safety supervisor yes elease attach any relevant documentation (manual, procedures, etc.)
2 If "yes", specify if there is an implementation program for ensuring compliance yes 3 Specific Company's training programme in respect of safety yes 4 Formal method of accident reporting yes 5 If "yes" submit safety statistics of accidents during last three years yes
3 Specific Company's training programme in respect of safety 4 Formal method of accident reporting 5 If "yes" submit safety statistics of accidents during last three years 6 Safety supervisor 9 yes 1 lease attach any relevant documentation (manual, procedures, etc.)
4 Formal method of accident reporting 5 If "yes" submit safety statistics of accidents during last three years 6 Safety supervisor yes lease attach any relevant documentation (manual, procedures, etc.)
5 If "yes" submit safety statistics of accidents during last three years 6 Safety supervisor yes lease attach any relevant documentation (manual, procedures, etc.)
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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.

otes:	

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

<u> </u>
ist the specific experience/references related to procurement activities within your Company
Submit organization chart of the Unit, with evidence of human resources assigned



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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

	Description of the instrument	<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.