



مليته للنفط والغاز
Mellitah Oil & Gas

**CONTRACTORS/SUPPLIERS QUALIFICATION SYSTEM
RQ/JPT/015/19**

**Provision of Surface Wellheads and Christmas Tree Equipment and Installation Services 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

COMPANY NAME		LEGAL STATUS	
PRIVATE OR STATE-OWNED		FISCAL CODE	
REGISTERED ADDRESS			
TOWN		COUNTRY	
HEAD OFFICE			
REGISTERED ADDRESS			
TOWN		COUNTRY	
TELEPHONE No.			
TELEFAX No.		TELEX No.	
WORKSHOP			
REGISTERED ADDRESS			
TOWN		COUNTRY	
TELEPHONE No.			
TELEFAX No.		TELEX 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	Holding
2	Associated Co.
3	Controlled Co.
4	Subsidiary Co.

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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



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2016

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	Company capable of handling a part of the	Company capable of providing other



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	commercial aspects of the supply only.	technical aspects (certificates, tests, ...)	related services, such as: delivery, 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:

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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:

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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:

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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:

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6. LOGISTICS & FACILITIES

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