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”.

1. 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.

1. 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](mailto: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 N0: ................................................. TELEFAX N0:. ............................................ .............. Email : ...................... .............. ..................

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PROFILE OF THE COMPANY

## **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. |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Shareholders:** | | Names of Shareholders | ................................................ shares |  | % |
|  | | | ................................................ shares |  | % |
|  | | | ................................................ shares |  | % |
|  | | | ................................................ shares |  | % |
| Notes: | .................................................................................................................................................................. | | | | |

## **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 |  |

## 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 | ............................................ | |
|  | | 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.

## **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:

..........................................................................................................................................................................................................................................................................................................................................................................................

## **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 |  |

## **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, 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:

**..................................................................................................................................................................**

**..............................................................................................................................................................................**

**..................................................................................................................................................................**

**..............................................................................................................................................................................**

**..............................................................................................................................................................................**

## **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:

**..................................................................................................................................................................**

**..............................................................................................................................................................................**

**.....**

**.............................................................................................................................................................**

# CORPORATE QUALITY SYSTEM

## **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:

**................................................................................................................................................................**

**...............................................................................................................................................................................**

# CONTRACT MANAGEMENT Plan

## 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:

**..................................................................................................................................................................**

**..............................................................................................................................................................................**

# PROCUREMENT UNIT

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

## **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

**..................................................................................................................................................................**

**.....................................................................................................................................................................**

# QC, INSPECTION AND TESTS

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

## **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 | Characteristics | Quantity |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

Notes:

**.......................................................................................................................................................................**

**.................................................................................................................................................................**

## 

# LOGISTICS & facilities

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