



APPLICATION DOCUMENT

***PRE-QUALIFICATION
REGISTRATION OF SUPPLIERS AND CONTRACTORS***

GENERAL INSTRUCTIONS

(Pre-Qualification/Registration of Suppliers/Contractors)

NATIONAL FLOUR MILLS LIMITED

GENERAL INSTRUCTIONS (Pre-Qualification/Registration of Suppliers/Contractors)

National Flour Mills Limited (NFM) invites applications from suitably qualified companies and individuals who are desirous of pre-qualifying for the supply of goods and services and the provision of works for the period 2021– 2023.

A **soft copy** of the completed Application Form together with all required documentation must be enclosed and submitted via email to tenders@nfm.co.tt addressed to:

**The Chairman of the Management Tenders Committee
National Flour Mills Limited
Second Floor
27-29 Wrightson Road
Port-of-Spain
Trinidad West Indies**

Failure to comply with any of these instructions may result in the application not being considered.

All interested applicants are asked to note the following:

- Applicants may pre-qualify or register for as many categories as they wish.
- Applications **must** be accompanied by a valid Income Tax Certificate, a valid VAT Clearance Certificate and a valid NIB Compliance Certificate. In the case of companies, firms and other business entities, the application **must** be accompanied by the appropriate Certificate of Incorporation/Certificate of Registration/Certificate of Continuance to establish the legal identity of the company.
- NFM reserves the right to cancel the present Pre-Qualification/Registration of Suppliers/Contractors in its entirety or partially, without defraying any cost incurred by any firm/individual in submitting their application.

Any further information may be obtained from the Procurement Department during normal working hours at 625-2416/7 ext. 2270/ 2153 or 2250.

APPLICATION FORM

(All sections of the form must be completed and submitted with all relevant attachments in the stipulated format)

PRE-QUALIFICATION APPLICATION FORM (Pre-Qualification/Registration of Suppliers/Contractors)

Please tick (✓) the category or categories for which your application is to be pre-qualified/registered:

CATEGORIES			
Please tick (✓) all that apply			
✓	1)	Advertising	✓
	2)	Air Condition Equipment and Supplies	29)
	3)	Air Condition Installations, Repairs and Maintenance	30)
	4)	Arts, Craft, Sewing and Textile Supplies	31)
	5)	Audio Visual Recording Services	32)
	6)	Building and Hardware Supplies and Services	33)
	7)	Catering and Cafeteria Services	34)
	8)	Civil/Infrastructure Engineering Consultancy Services	35)
	9)	Civil/Structural Works	36)
	10)	Computer Hardware, Software, Telecommunications	37)
	11)	Corporate Promotional Items	38)
	12)	Customs Brokerage and Freight Forwarding Services	39)
	13)	Electrical Consultancy Services	40)
	14)	Electrical Fixtures & Fittings	41)
	15)	Electrical Works	42)
	16)	Equipment Rental: Generators, Pumps, Lifts etc.	43)
	17)	Event Management and Decoration Services	44)
	18)	Floral Supplies and Services	45)
	19)	Food	46)
	20)	Furniture: Hospital, Office, Laboratory, Classroom, Library, Dormitory and Household	47)
	21)	General Building Works	48)
	22)	Graphic Design	49)
	23)	Grounds/Lawn Maintenance	50)
<input type="checkbox"/> (H)	24)	Health (H),	51)
<input type="checkbox"/> (SA)		Safety (SA),	52)
<input type="checkbox"/> (SE)		Security (SE),	
<input type="checkbox"/> (EE)		Environmental (HSSE) Equipment, Supplies and Services (EE)	
	25)	ICT Infrastructure - Works-Cabling, Network Installation etc.	53)
	26)	Information and Communication Technology (ICT) Equipment, Supplies and Services	
	27)	Janitorial Equipment, Supplies and Services	
	28)	Kitchen Equipment, Supplies and Services	

Contract Size:

Value of procurement work which you are interested in undertaking: *(Tick (✓) appropriate boxes)*

- Under \$50,000
- \$50,000 to \$100,000
- \$100,000 to \$350,000
- \$350,000 to \$750,000
- \$750,000 to \$1 million
- \$1 million and over

1 - General Information

FOR OFFICIAL USE ONLY	
1.1 Name of Applicant or Company:	
1.2 Trading Name: (Only if different from 1.1)	
1.3 Registered Address:	
1.4 Mailing Address: (Only if different from 1.3)	
1.5 Telephone No:	
Cell No.	
Fax No:	
Email Address:	
Website:	

1.1 Name of Applicant or Company:

1.2 Trading Name:
(Only if different from 1.1)

1.3 Registered Address:

1.4 Mailing Address:
(Only if different from 1.3)

1.5 Telephone No:

Cell No.

Fax No:

Email Address:

Website:

2 - Company/Individual Information

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2.1 Type of Legal Entity (Please ✓):

- Sole Trader
 Partnership
 Limited Liability Company
 Public Company/Corporation
 Other (please specify):

2.2 Is your company incorporated under the Laws of Trinidad and Tobago?

- Yes
 No

If no, state where incorporated: _____

2.3 Are you registered with the Board of Inland Revenue:

- Yes
 No

If no, please specify why: _____

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2.4 Kindly attach a copy of the following documents (where applicable) in **Appendix A** (Please tick (✓) documents that are included):

- Certificate of Registration / Incorporation / Continuance
- Valid Income Tax Certificate
- Valid VAT Clearance Certificate
(Please note that companies who are not VAT registered can and must obtain VAT clearance. Failure to provide a VAT Clearance Certificate will result in the rejection of your application)
- Valid NIB Compliance Certificate
- Company's Brochure

2.5 The total number of people currently employed with the organisation:

2.6 Please list the Key Personnel (including Principal, Directors, Managers and Technical and Supervisory Staff) of the entity:

NAME	POSITION / TITLE	QUALIFICATION	TIME WITH FIRM (YRS.)

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2.7 Organisational Structure and Responsibility Matrix

In **Appendix A** please provide your organisational structure which should include the following:

- Established departments or operations
- Permanent staff employed
- Temporary, recruited or retained staff
- Lines of communication (internal)
- Lines of Communication (external)

2.8 Kindly list all Shareholders with an interest of $\geq 10\%$

NAMES	OWNERSHIP PERCENTAGE

2.9 Are you a relative of or do you have a relationship with any NFM employee or their immediate relative that would cause any conflict of interest?

- Yes
- No

All Contractors are required to disclose any existing relationship, business or otherwise, with the NFM and/or any of its employees and/or immediate relative. Failure to do so may result in termination of any agreement entered to with the Contractor.

If Yes, please specify:

3 - Qualifications

(**MUST** be completed by individuals/firms applying to provide Quantity Surveying Services **ONLY**)

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3.1 How many years of experience do you have in Quantity Surveying?

Less than ten (10) years (please specify):

Ten (10) to twenty (20) years

Twenty (20) to thirty (30) years

More than thirty (30) years (please specify):

3.2 Are you registered with the Institute of Surveyors of Trinidad and Tobago?

Yes

No

If no, please specify why: _____

3.3 What is your level of qualification? Please include all relevant certificates in **Appendix A.**

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4 - Financial Information

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4.1 Banker's Name:

4.2 Banker's Address:

4.3 Kindly attach a copy of the company's most recent Bank Statement in **Appendix B**.

Included: Yes No

4.4 Annual Income for the past three (3) years:

Year 1 (20__): _____

Year 2 (20__): _____

Year 3 (20__): _____

4.5 Do you keep accounts?

Yes

No - Please specify why?

4.6 Do you have audited accounts?

Yes

No - Please specify why? _____

If yes, please attach in **Appendix B** the company's Audited Financial Statements for the past three (3) years. The Audited Statements must be signed by the Directors and must include the signed Auditor's Report.

If no, please attach in **Appendix B** the company's unaudited Financial Statements for the past three (3) years. The Financial Statements must be signed by the Directors.

4.7 Please provide a Banker's Note or Credit Reference (in Appendix B) which shows your Organization's standing with your bankers.

4.8 Do you have Workmen's Compensation Insurance? Yes No

If yes, please state maximum amount as of now (TT\$_____)

Please provide the name and address of the Insurer:

NAME	ADDRESS

(Please provide copies of the relevant documents in Appendix B)

4.9 Do you have Public Liability Insurance coverage? Yes No

If yes, please state maximum amount as of now (TT\$_____)

Please provide the name and address of the Insurer:

NAME	ADDRESS

(Please provide copies of the relevant documents in Appendix B)

4.10 Do you have any other insurance coverage? Yes No

4.11 Do you give NFM permission to seek Bank and other References? Yes No

5 - Past Performance

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5.1 Please list three (3) organisations for which your firm has performed work for in the past three (3) years that is aligned to the category of goods, works and/or services that you are submitting this registration application. You must include the name of a responsible official within that company to whom NFM official may address inquiries:

Organisation	Nature of Contract	Contract Value (TT\$)	Telephone
Name of Organisation: Contact Person: Position:			
Name of Organisation: Contact Person: Position:			
Name of Organisation: Contact Person: Position:			

6 - Legal

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6.1 Has the Business or any constituent part ever been involved in any litigation and/or arbitration for failing to fulfil or to comply with the terms of a contract?

Yes

No

If yes, please give a brief explanation:

6.2 Is the business involved in any litigation and/or arbitration proceedings at present?

Yes

No

If yes, please give details:

6.3 Are there any judgements registered against the firm?

Yes

No

If yes, please give details:

6.4 Has the organisation failed to fulfil obligations relating to the payment of taxes in accordance with the legal provisions of the Republic of Trinidad and Tobago or the country in which it is established?

Yes

No

If yes, please give details:

6.5 Has the organisation had a contract similar in nature to that being sought in this submission, terminated prematurely in the last 3 years?

Yes

No

If yes, please give details:

I hereby certify that the foregoing information is true, correct and complete to the best of my knowledge:

Name: _____

Signature: _____

Position in Organisation: _____

Date: _____

E-mail: _____

Appendix A

- * **Certificate of Registration / Incorporation / Continuance**
- * **Valid Income Tax Certificate**
- * **Valid VAT Clearance Certificate**
- * **Valid NIB Compliance Certificate**
- * **Company's Profile**
- * **Organizational Chart**
- * **Quantity Surveyor's qualifications**

Appendix B

- * **Most Recent Bank Statement**
- * **Financial Statements (Audited or Unaudited)**
- * **Banker's Note or Credit Reference**
- * **Workmen Compensation Insurance**
- * **Public Liability Insurance**
- * **Other insurance**

FOR USE BY NFM ONLY

NAME OF CONTRACTOR: _____

REGISTRATION NUMBER: _____

Contractor is:

Approved for registration

Rejected for registration

Please specify reasons: _____

For and on behalf of the NFM

Date: _____