



PRELIMINARY SUPPLIER/SERVICE PROVIDER EVALUATION FORM

Purpose of the Document

This Preliminary Supplier/Service Provider Evaluation Form (PSEF) is to assess the capability to match Byco's expectations and quality standards. This form has to be filled prior to adding to approved supplier/service provider list.

Instructions

Completed questionnaires are to be signed below by an Authorized Official of your organization. The information contained in this questionnaire is certified to be complete and accurate.

Supplier's Signature and Printed Name

Title

Date

Note: Completed form duly stamped and signed should be send at following address

Contracts Department
BYCO Petroleum Pakistan Limited
The Harbour Front, 9th Floor
Dolmen City HC-3, Block-4
Marine Drive, Clifton,
Karachi-Pakistan



Company Information

Company Name: _____

Address: _____

City: _____ Country: _____

Phone: _____ Fax: _____

Email: _____

Type of the company: (Check one of the following):

Sole proprietorship Partnership Limited Company

Place of registration / incorporation _____

Year of registration _____

Principal place of business _____

Name of contact person _____

Total Number of Permanent Employees _____

Location of branch offices and / or affiliates. _____

Particulars of Key Personnel

<u>TITLE</u>	<u>NAME</u>	<u>E-MAIL</u>	<u>PHONE NO.</u>

Note: (Please attach copy of registration/incorporation)



Financial Information

National Tax Number (**Attach copy**) of NTN registration.

General Sales Tax Number

Name and addresses of bankers and insurers with reference letters

Name and addresses of auditors

Approximate value of work in hand.

Details of insurance, Limits and extent of coverage

Largest contract completed to date _____

Value of the Contract _____

Year of completion _____

Have you at any time failed to complete a contract?

Yes No

Are there any judgments, claims or suits pending or outstanding against you?

Yes No



Annexure-B

Are you now or have you ever been involved in bankruptcy or reorganization proceedings?

Yes No

OTHER INFORMATION TO BE SUBMITTED ALONG THE FORM

Please provide the details and copies of last three years annual financial reports. If these reports are not published then last five years record of the following data should be provided:

<u>TITLE/YEAR</u>	<u>2014-15</u>	<u>2015-16</u>	<u>2016-17</u>
Paid up Capital			
Annual Turnover			
Total Fixed Assets and Total Current Assets			
Total long term liabilities			
Total pre-tax income			
Total After Tax net Income			
Tax Paid			

Is the above information provided in supported by Certified Accountants?



Experience and Capability

Area of specialization in materials

Work Mix: State as a percentage of your total sales volume, the amount of work performed in the following areas as applicable.

- | | |
|--|---------------------------------|
| _____ Petroleum/ Crude | _____ Piping and Valves |
| _____ Laboratory items | _____ Electrical/Instruments |
| _____ Chemicals | _____ Computers and Accessories |
| _____ Steel Structural materials | _____ Building materials |
| _____ Janitorial/General items | _____ Generators |
| _____ Fixtures, Furniture & Office Equipment | |
| _____ Others (Please specify) | |

Please provide the details of work experience during the last one year:

- Client, Location & Contact details of client.
- Contract of Value, Description of Work, Date of award and Period of Work
- Details of manpower & Equipment engaged
- Types of insurance, Performance Bonds and /or Guarantee provided
- Details of penalties paid and details of litigation, if any
- Completion Certificates

Note: Please provide details (as enumerated above) of work completed or in hand for oil and gas sector production and refining, Petrochemicals, Chemicals plants and allied industries only.

Please attach a list of major facilities, equipment, and tools you own, indicating numbers, type, capacity, year of manufacture, current location, etc (label as Attachment VII).



Quality and Safety

List companies and/or agencies which have surveyed and approved your Quality Control system:

Company/Government Agency	Date	Name of Surveying Representative

Is your firm registered with Pakistan Engineering Council, if yes, please provide the following information;

Registration Number _____

Category _____

Validity _____

Is your firm ISO certified? If yes, please provide copies of certification?

Please state do you have a written HSE policy statement and provide HSE procedure manual

Yes No

Is management accountable for complying with policy statement?

Yes No

Do you provide HSE training to both management and personnel?

Yes No

Do you have a written working practices and safety instructions such as those covering scaffolding, lifting heavy equipment, chemical handling or excavation? (Please provide a copy, if available)

Yes No

Do you calculate Accident Frequency rates?

Yes No



Annexure-B

Do you have an Environmental management system?

Yes No

Do you have procedures for waste disposal, waste spill and spill cleanup?

Yes No

Please provide details of any of your equipment related to environmental matters.

Yes No

Do you conduct inspections on operating equipments (e.g., cranes, forklifts etc) in compliance with regulatory requirements?

Yes No

Do you maintain the appropriate inspection and maintenance certification records for operating material lifting equipments?

Yes No