**Submission of Information for Prequalification**

**Guide for Submission**

1. Please fill in all cells highlighted in yellow.
2. For Section 1, please submit related documents in the form of appendix with Index No. 1 to 4.
3. For Section 2, please insert additional table in same format for more job reference when necessary.
4. For Section 3, please submit related documents in the form of appendix with Index No. 6 to 7 (if any).
5. For Section 4, please submit related documents in the form of appendix with Index No. 8 (if any).
6. For Section 5
7. Safety Management, please submit related documents in the form of appendix with Index No. 9 to 11 (if any).
8. Environmental Management, please submit related documents in the form of appendix with Index No. 12 to 13 (if any).
9. Please acknowledge, complete and duly signed of the following documents and submit together with your submission.
10. Supplier Code of Practice
11. Integrated Management System Policy
12. Corporate Responsibility Questionnaire
13. Environmental Management Questionnaire

**Submitted by**

|  |  |
| --- | --- |
| **Company name:** |  |
| **Contact person:** |  |
| **Title:** |  |
| **Telephone No.:** |  |
| **Email address:** |  |
| **Date:** |  |

**Section 1 – Company Profile**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Detailed Information** | **Index No.** | **Submitted**  **(Yes/No)** |
| Company Profile | *(Please submit company profile in the form of appendix with Index No. 1.)* | 1 |  |
| Organization Chart | *(Please submit organization chart in the form of appendix with Index No. 1.)* | 1 |  |
| Year of company establishment | Established in \_\_\_\_\_\_\_\_\_\_\_  *(Please submit copy of business and company registration in the form of appendix with Index No. 2.)* | 2 |  |
| Manpower Resources of the Company | *(Please provide related information in the form of appendix with Index No. 3, if any)* | 3 |  |
| Inventory and Logistic Control | *(Please submit related information in the form of appendix with Index No. 4)* | 4 |  |

**Section 2 – Job Reference in the Past 10 years**

| **Item** | **Job Reference in the past 10 years (based on Contract commencement date)** | |  |
| --- | --- | --- | --- |
| 1 | **Residential Properties** | |  |
|  | Name of Client |  |  |
|  | Site Location |  |  |
|  | Description of Contract Works |  |  |
|  | Contract Commencement |  |  |
|  | Completion Date |  |  |
|  | Cooling Capacity |  |  |
|  | Type of Chiller Plant |  |  |
|  | Contract Value |  |  |
| 2 | **Residential Properties** | |  |
|  | Name of Client |  |  |
|  | Site Location |  |  |
|  | Description of Contract Works |  |  |
|  | Contract Commencement |  |  |
|  | Completion Date |  |  |
|  | Cooling Capacity |  |  |
|  | Type of Chiller Plant |  |  |
|  | Contract Value |  |  |
| 3 | **Residential Properties** | |  |
|  | Name of Client |  |  |
|  | Site Location |  |  |
|  | Description of Contract Works |  |  |
|  | Contract Commencement |  |  |
|  | Completion Date |  |  |
|  | Cooling Capacity |  |  |
|  | Type of Chiller Plant |  |  |
|  | Contract Value |  |  |
| 4 | **Residential Properties** | |  |
|  | Name of Client |  |  |
|  | Site Location |  |  |
|  | Description of Contract Works |  |  |
|  | Contract Commencement |  |  |
|  | Completion Date |  |  |
|  | Cooling Capacity |  |  |
|  | Type of Chiller Plant |  |  |
|  | Contract Value |  |  |

| 5 | **Residential Properties / Office Properties / Commercial Properties** | |  |
| --- | --- | --- | --- |
|  | Name of Client |  |  |
|  | Site Location |  |  |
|  | Description of Contract Works |  |  |
|  | Contract Commencement |  |  |
|  | Completion Date |  |  |
|  | Cooling Capacity |  |  |
|  | Type of Chiller Plant |  |  |
|  | Contract Value |  |  |
| 6 | **Residential Properties / Office Properties / Commercial Properties** | |  |
|  | Name of Client |  |  |
|  | Site Location |  |  |
|  | Description of Contract Works |  |  |
|  | Contract Commencement |  |  |
|  | Completion Date |  |  |
|  | Cooling Capacity |  |  |
|  | Type of Chiller Plant |  |  |
|  | Contract Value |  |  |
| 7 | **Residential Properties / Office Properties / Commercial Properties** | |  |
|  | Name of Client |  |  |
|  | Site Location |  |  |
|  | Description of Contract Works |  |  |
|  | Contract Commencement |  |  |
|  | Completion Date |  |  |
|  | Cooling Capacity |  |  |
|  | Type of Chiller Plant |  |  |
|  | Contract Value |  |  |
| 8 | **Residential Properties / Office Properties / Commercial Properties** | |  |
|  | Name of Client |  |  |
|  | Site Location |  |  |
|  | Description of Contract Works |  |  |
|  | Contract Commencement |  |  |
|  | Completion Date |  |  |
|  | Cooling Capacity |  |  |
|  | Type of Chiller Plant |  |  |
|  | Contract Value |  |  |

| 9 | **Residential Properties / Office Properties / Commercial Properties** | |  |
| --- | --- | --- | --- |
|  | Name of Client |  |  |
|  | Site Location |  |  |
|  | Description of Contract Works |  |  |
|  | Contract Commencement |  |  |
|  | Completion Date |  |  |
|  | Cooling Capacity |  |  |
|  | Type of Chiller Plant |  |  |
|  | Contract Value |  |  |
| 10 | **Residential Properties / Office Properties / Commercial Properties** | |  |
|  | Name of Client |  |  |
|  | Site Location |  |  |
|  | Description of Contract Works |  |  |
|  | Contract Commencement |  |  |
|  | Completion Date |  |  |
|  | Cooling Capacity |  |  |
|  | Type of Chiller Plant |  |  |
|  | Contract Value |  |  |
| 11 | **Residential Properties / Office Properties / Commercial Properties** | |  |
|  | Name of Client |  |  |
|  | Site Location |  |  |
|  | Description of Contract Works |  |  |
|  | Contract Commencement |  |  |
|  | Completion Date |  |  |
|  | Cooling Capacity |  |  |
|  | Type of Chiller Plant |  |  |
|  | Contract Value |  |  |
| 12 | **Residential Properties / Office Properties / Commercial Properties** | |  |
|  | Name of Client |  |  |
|  | Site Location |  |  |
|  | Description of Contract Works |  |  |
|  | Contract Commencement |  |  |
|  | Completion Date |  |  |
|  | Cooling Capacity |  |  |
|  | Type of Chiller Plant |  |  |
|  | Contract Value |  |  |

| 13 | **Residential Properties / Office Properties / Commercial Properties** | |  |
| --- | --- | --- | --- |
|  | Name of Client |  |  |
|  | Site Location |  |  |
|  | Description of Contract Works |  |  |
|  | Contract Commencement |  |  |
|  | Completion Date |  |  |
|  | Cooling Capacity |  |  |
|  | Type of Chiller Plant |  |  |
|  | Contract Value |  |  |
| 14 | **Residential Properties / Office Properties / Commercial Properties** | |  |
|  | Name of Client |  |  |
|  | Site Location |  |  |
|  | Description of Contract Works |  |  |
|  | Contract Commencement |  |  |
|  | Completion Date |  |  |
|  | Cooling Capacity |  |  |
|  | Type of Chiller Plant |  |  |
|  | Contract Value |  |  |
| 15 | **Residential Properties / Office Properties / Commercial Properties** | |  |
|  | Name of Client |  |  |
|  | Site Location |  |  |
|  | Description of Contract Works |  |  |
|  | Contract Commencement |  |  |
|  | Completion Date |  |  |
|  | Cooling Capacity |  |  |
|  | Type of Chiller Plant |  |  |
|  | Contract Value |  |  |

***(Please insert page and table beyond this page for more job reference when necessary)***

**Section 3 – Technical Competence**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Detailed Information** | **Index No.** | **Submitted**  **(Yes/No)** |
| Relevant Trade of License | *(Please submit related documents in the form of appendix with Index No. 6, if any)* | 6 |  |
| Proven Experience | *(Please provide proven experience of maintenance or installation of the following MVAC Installations in the form of appendix with Index No. 7)*  a) Chiller Plant Control Systems  b) Pumps and variable speed control systems  c) Motor Control Centres  d) Ventilation systems  e) PAUs, AHUs, VAVs & Split type units  f) Fan coil for PAUs, AHUs, VAVs & Split type units  g) System integration with BMS  h) Heat exchangers  i) Computerized system interfacing with BMS system  j) Availability of major testing equipment for testing and maintenance | 7 |  |

**Section 4 - Quality Management**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Detailed Information** | **Index No.** | **Submitted**  **(Yes/No)** |
| Accreditation Certificate | *(Please provide related certificates in the form of appendix with Index No. 8)*  *(e.g. ISO 9001, ISO14001, ISO 45001, OHSAS 18001, etc.)* | 8 |  |

**Section 5 - Safety Management and Environmental Management**

|  |  |  |  |
| --- | --- | --- | --- |
| **Safety Management** | | | |
| **Item** | **Detailed Information** | **Index No.** | **Submitted**  **(Yes/No)** |
| Safety Policy / Statement | *(Please provide related documents in the form of appendix with Index No. 9)* | 9 |  |
| Safety Management Plan | *(Please provide related documents in the form of appendix with Index No. 10)* | 10 |  |
| Safety Records of Past 2 Years | *(Please provide related documents in the form of appendix with Index No. 11, if any)*  *(e.g. fatal accident, reportable accident, dangerous occurrence, safety related prosecution, etc.)* | 11 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Environmental Management** | | | |
| **Item** | **Detailed Information** | **Index No.** | **Submitted**  **(Yes/No)** |
| Environmental Management Policy / Statement | *(Please provide related documents in the form of Index No. 12)* | 12 |  |
| Environmental Management Plan | *(Please provide related documents in the form of Index No. 13)* | 13 |  |

**Section 6 – Questionnaire and Document Acknowledgement**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Detailed Information** | **Index No.** | **Submitted**  **(Yes/No)** |
| Compliance to Supplier Code of Practice | *(Please complete and sign the document in the form of appendix with Index No. 14)* | 14 |  |
| Integrated Management System Policy | *(Please complete and sign the document in the form of appendix with Index No. 15)* | 15 |  |
| Corporate Responsibility Questionnaire | *(Please complete and sign the questionnaire in the form of appendix with Index No. 16)* | 16 |  |
| Environmental Management Questionnaire | *(Please complete and sign the questionnaire in the form of appendix with Index No. 17)* | 17 |  |