



Prequalification form

Date: / /

Company name

Name (English):

Registration, Property and Management

Company Ranking: License Number:

Registration Number/Certificate:

Place of Establishment: Date of establishment:

Legal Form:

Owner Name:

Name of the CEO/Commissioner:

Issued capital:..... subscription capital:..... paid capital:.....

Administrative Regulation

Number of permanent employers:

1- Admins: 2- Engineer/ Technician :.....

Number of temporary employers:

1- Admins: 2- Engineer/ Technician :.....

Do you have an organization structure?

☐yes ☐ no

Is there a design unit in the company?

☐yes ☐ no Please write name of the employer:.....

Are there any technical units in the company?

☐yes ☐ no If yes Please specify:.....

Is there a unit specialized in project in the company?



☐ yes ☐ no Please write name of the employer:.....

Years of experiences:.....

Do you have international partners?

☐ yes ☐ no If yes Please specify:.....

Company activities

Company main activities:

.....

.....

.....

.....

.....

Other services provided by the company:

☐ one services only ☐ Different service

Specify services:

1.
2.
3.
4.
5.

Software used in the company:

1.
2.
3.
4.
5.



Any relevant certifications for the company and employees (ISO/PMP/e.g):

1.
2.
3.

Branches and Offices

Local in Libya: Branches number :..... Please specify:

1.
2.
3.

International: Branches number :..... Please specify:

1.
2.
3.

Address and correspondence contact

Name of contact employee _____

Phone number: _____ **Mobile number:** _____

Fax number: _____ **email address** _____

Website: _____ **P.O.BOX :** _____

Address _____



Clients

#	Company name	Project description	Size of Project	Description of project activities	Duration of project
1			<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low		
2			<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low		
3			<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low		
4			<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low		
5			<input type="checkbox"/> High		



			<input type="checkbox"/> Medium <input type="checkbox"/> Low		
6			<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low		
7			<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low		
8			<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low		
9			<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low		



General conditions:

1/ Please fill in all blanks. in case the information is unavailable please specify (unavailable information).

2/ Please provide all supporting documents for bidding, these are as follow:

- . Memorandum of association**
- . Article of association**
- . Commercial registry certificate**
- . Commercial certificate issued by the chamber of commerce**
- . practice license**
- . Tax certificate**
- . Partnership contract**
- . Assignment documents or previous contract**
- . CV's/ Certificates of senior employees**
- . Organizational structure**