

INSTRUCTION TO APPLICANTS

1. **Only completed application forms will be considered. Incomplete forms will be deemed non-responsive and not eligible for pre-qualification.**
2. Financial Statements documents must:
 - Reflect the financial situation of the Applicant and shall include the following: a Statement of Financial Position, an Income Statement, a Cash Flow Statement and a Statement of Changes in Equity.
 - Be audited by a Certified Accountant or statement prepared by a qualified Accountant
 - Be complete, including all notes to the financial statements.
3. Provide the Name & address of Bankers from whom a reference can be obtained:
4. **Items to be submitted along with Contractor's Registration Form**
 - Company's Profile
 - Certificate of Registration
 - Vat Registration Certificate
 - National Insurance Board (NIB) Registration Certificate
 - BIR Registration Certificate
 - Evidence of works completed with references
 - Details of Organizational Structure, giving names of all Directors
 - Curriculum Vitae of Key Personnel
 - Financial Statements
 - Three (3) completed Reference Forms
 - Any other information necessary to support the mode of operation.

N.B *These documents are essential to the assessment of your application and the absence of any of the above items will result in the application being disregarded and automatically rejected.*

5. **Cost of Application: Non-refundable fee of TT\$200.00**
A copy of your receipt should accompany the application form
6. The information supplied and application fee paid are necessary for the pre-qualification process but this does not guarantee work with CISL.
7. The deadline for submission of application is two (2) weeks from the date of collection.
8. Application documents should be submitted to:

The Secretary
Pre-qualification Committee
Community Improvement services Limited
16 Factory Road,
Building # 3
Brechin Castle
COUVA

Application Submission Form

To: COMMUNITY IMPROVEMENT SERVICES LIMITED

We, the undersigned, apply to be pre-qualified for Construction Services and declare that:

- (a) We have examined and have no reservations to the Prequalification Documents; including Addenda issued with respect to this pre-qualification process.
- (b) We understand that you may cancel the pre-qualification process at any time and that you are neither bound to accept any Application that you may receive nor to invite the pre-qualification Applicants to bid for any contract without incurring any liability to the Applicants.
- (c) The information you supply and application fee paid are necessary to pre-qualify you but does not guarantee any work with CISL.

Signature

Name

In the Capacity of

Duly authorized to sign the Application for and on behalf of :

Name:

Address:

.....

Dated on this day of

CONTRACTOR'S REGISTRATION FORM

Date: _____

Company Legal Name and Registration #: _____

Address: _____

Nationality: _____ **Tel. No:** _____ **Fax No:** _____

Date Established: _____ **Status:** _____ **Email:** _____
(State whether individual, public or private)

DIRECTORS & STAFF (State no. employed)

Directors: _____ **Technical:** _____ **Professionals:** _____

Skilled: _____ **Unskilled:** _____ **Others:** _____

Are you V.A.T. Registered? Yes No

If yes state V.A.T. registered number: _____

STATE CONTRACTS COMPLETED WITHIN LAST FIVE (5) YEARS:

YEAR	PROJECTS	VALUE	EMPLOYER

GIVE REASONS IF YOU WERE UNABLE TO COMPLETE ANY CONTRACT AWARDED TO YOU IN THE LAST FIVE (5) YEARS

YEAR	PROJECTS	REASON

HISTORIC CONTRACT NON-PERFORMANCE

- Contract Non-performance did not occur
- Contract(s) not performed as indicated below

YEAR	PROJECTS	EMPLOYER	REASON

LITIGATION MATTERS

- No pending litigation
- Pending litigation as indicated in a separate attachment

STATE CONTRACTS PRESENTLY BEING UNDERTAKEN, INCLUDING THOSE WHERE THE COMPANY HAS RECEIVED A LETTER, BUT A FORMAL CONTRACT HAS NOT BEEN AWARDED.

PROJECTS	VALUE	EMPLOYER

SIZE OF CONTRACT WILLING TO UNDERTAKE:

- Small (0 -\$650,000) Medium (650,001 - \$2,000,000) Large (2,000,001 and above)

ALL CONTRACTORS MUST PROVIDE MATERIAL, LABOUR, PLANT AND EQUIPMENT

List plant and equipment owned:

List of plant and equipment leased or rented:

List Tools owned:

REFERENCE (3 No.)

NAME	ADDRESS	PROFESSION	TEL.NO.

Kindly see attached reference forms to be filled out, signed by referee and included on this application

STATE ANY OTHER RELEVANT INFORMATION:

I hereby certify that the above information given on behalf of is in fact true and accurate.

SIGNATURE: _____

POSITION: _____

DATE: _____

CISL wishes to notify that should the applicants' information prove to be erroneous or false the applicant will be immediately disqualify.

REFERENCE FORM

Name: _____ Telephone Contact (O): _____
Occupation: _____ (C): _____
Organization: _____

State the projects which you have worked in collaboration with the applicant, indicating the types and value of projects executed, with particular reference to:

- Execution/Strategy
- Time for Completion
- Quality Control and Assurance Practices
- Perceived Technical Competence
- Supporting Technical Personnel
- Level of Professionalism

I certify that the information provided is accurate and true

NAME: _____

SIGNATURE: _____

DATE: _____

REFERENCE FORM

Name: _____ Telephone Contact (O) : _____
Occupation: _____ (C) : _____
Organization: _____

State the projects which you have worked in collaboration with the applicant, indicating the types and value of projects executed, with particular reference to:

- Execution/Strategy
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- Supporting Technical Personnel
- Level of Professionalism

I certify that the information provided is accurate and true

NAME: _____

SIGNATURE: _____

DATE: _____

REFERENCE FORM

Name: _____ Telephone Contact (O) : _____
Occupation: _____ (C) : _____
Organization: _____

State the projects which you have worked in collaboration with the applicant, indicating the types and value of projects executed, with particular reference to:

- Execution/Strategy
- Time for Completion
- Quality Control and Assurance Practices
- Perceived Technical Competence
- Supporting Technical Personnel
- Level of Professionalism

I certify that the information provided is accurate and true

NAME: _____

SIGNATURE: _____

DATE: _____

CHANGE FORM

COMPANY NAME : _____

Purpose of change:

Kindly tick the appropriate box

- Telephone Contact
- Company mailing address
- Key Personnel (Directors, Technical, Professional, etc.)
- Registered Name of Organization
- Size of Project to undertake
- Other

Explain reasons (if applicable)

SIGNATURE: _____

POSITION: _____

DATE: _____