

## Supplier Prequalification Application

### Purpose

The purpose of this document is to gather information on the Applicant suppliers to fairly evaluate which suppliers meet the prequalification criteria that accompany this Application to perform work for Salco.

This prequalification application is aimed at suppliers for the Salco project.

### Information to Applicant

Applicants are not required to be able to supply all products / services sought by Salco (i.e. respondents may specialise in particular products or services only) to be considered for the prequalification.

A supplier that is not prequalified may be able to participate in a bid for work with Salco, however, a contract will not be granted until the prequalification criteria for that type of work are met.

#### Completing the Application Form:

1. Read carefully all the prequalification conditions prior to completing this Application Form. The Prequalification conditions form the basis of acceptance of this Application
2. Complete all items in this Application Form that are relevant to your submission and attach to this Application Form all relevant documents requested by Salco. Submit any additional documentation to that requested by Salco that supports your Application. It is recommended that Applicants provide sufficient detail when responding to the questions in this Application for a fair evaluation to be carried out. You must respond to all questions accurately and honestly as the answers given may be confirmed through interview meetings and site visits.
3. Where a question presents a yes/no answer, circle the appropriate response and proceed to the next items. If the item is not applicable to your submission, mark the item as "N/A". You may complete your response using this document (i.e. provide response below each question), or you may write your answers on a separate page with clear references to the original question number in this document.

Should you require support with understanding the terms and requirements outlined in this Application and the prequalification criteria accompanying this Application, please contact the Salco Contact nominated in this Application.

Return this Application Form completed and all the documentation required in this Application Form, and any additional information that supports your submission, to the Salco Contact nominated in this Application.

#### Stipulation

The supplier acknowledges that:

1. He/she shall not be reimbursed for any costs, expenses or charges which it may incur or be required to expend in its preparation or presentation of prequalification documentation/information and Salco shall have no liability whatsoever for, or in respect to, the payment of any of said costs, expenses or charges.
2. Submittal by supplier of documentation/information requested for purposes of the prequalification process shall not convey any right to supplier to be included on the final Bidder List and it will be Salco sole right to determine the final list of qualified suppliers to be included on said Bidder List.

3. All information and data disclosed by the supplier in this Application shall be kept in confidence by Salco and shall not be disclosed to a third party unless as required by Law.

Have you read and understood the information above?	<b>Yes / No</b>
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### **Salco Contact**

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# 1. Applicant Company general details

## Company Name

Registered Name of Company (in full): \_\_\_\_\_

Trading Name (if different to the Registered Name): \_\_\_\_\_

Company Identification/Registration number: \_\_\_\_\_

## Company Address

Physical Address: \_\_\_\_\_

\_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Postal Address for correspondence (if different to above): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

*area code*

*area code*

Website: \_\_\_\_\_

## Primary Contact Person

Name: \_\_\_\_\_

Position / Job Title: \_\_\_\_\_

Telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

*area code*

*area code*

Mobile number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Case Sensitive: Yes / No

**Company Ownership** (is the Company Publicly or Privately owned?)  Publicly Listed

Please indicate:  Proprietorship  Partnership  Corporation

## Company History

Date Business Founded: \_\_\_\_\_ Under Present Management Since: \_\_\_\_\_

Nature of Business:  Manufacturer  Assembly shop  Distributor

Other (please specify) \_\_\_\_\_

**Vacations**

Does your business shut down for vacation? Yes / No

If yes, please state periods of shut-downs (add more rows if needed)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Organisational Chart**

Please attach the Organisational chart of your firm.

**Registration with ministry or government agencies**

e.g unit Pendaftaran Kontraktor (UPK), Pusat Khidmat Kontraktor (PKK), Lembaga Pembangunan Industri Pembinaan Malaysia (CIDB) etc.

Please provide details of registration and attach valid certificate(s)

Department/Ministry	Grade/Class	Categories Registered	Expiry Date	Status *		
				BM	NB	FG

BM- Bumiputra; NB- Non- Bumiputra; FG- Foreigner ( Please tick where appropriate)

**Company Shareholder Structure**

Company name/Personal details	Total shares	Par value (RM)	%	Designation in Company (Where applicable)

**2. Products and/or Services Information**

2.1.1 Describe the type of work your organisation specialises in:

2.1.2 Please provide a list of the products and/or services supplied by your firm. Include the current prices for those products / services, minimum orders accepted (if applicable) and maximum orders that can be supplied by your firm.

Product / Service	Price per unit	Minimum order accepted (if applicable)	Maximum order accepted

2.1.3 Describe briefly the work your company is proposing to undertake for Salco:

2.1.4 Do you anticipate employing subcontractors to work on any Salco work you may undertake? Yes / No

2.1.5 Does your firm intend to enter into a Joint Venture for the work proposed to undertake for Salco? Yes / No

If Yes, please provide the following information

Name and address of the Joint Venture partners	Name of the company / firm leading the Joint Venture	Name and address of the bankers to the Joint Venture

### 3. Suppliers

3.1.1 Please complete the table below for your suppliers (Add more rows if needed)

Type of supply	Supplier	2.1.1 Does your firm have a good relationship with this supplier?	2.1.2 Do they always deliver on time, as promised?	2.1.3 Does your firm have specific contracts with this supplier in place?	2.1.4 Can this supplier guarantee that they will always have the supplies you need when you need them?  How can you be sure of this?	2.1.5 Does this supplier check the quality of the supplies they sell to you?  How do you know this?	2.1.6 How often does this supplier change their prices?

### 4. Operational Capabilities and Information

#### 4.1 Personnel

4.1.1 Indicate in the table below how many people are employed at your firm, as well as the number of both permanent and part time employees.

Permanent Employees	Part time employees	Total number of employees

4.1.2 Indicate the nationality of the employees employed by your firm, either temporary, contract or permanent staff.

Nationality of employees	Number of employees

## 4.1.3 Indicate the skills of your employees including any nationally recognised certificates

Employee workgroup (e.g. electrical engineers)	Skills	Did your firm assist with providing the employees with those skills?

## 4.1.4 Has your firm given training to its employees? Yes / No

If yes, please indicate what sort of training your firm has given to its employees.

Type of training given	Number of employees who received the training

## 4.1.5 Indicate key company personnel (i.e. officers, members, owners).

Name	Title	Contact details

## 4.2 Physical Resources

## 4.2.1 Provide details of all of your facilities (e.g. buildings, store rooms), or those of a third party (outsourced) that you use. If outsourced to a third party please include the name of the third party.

Type of Facility (e.g. warehouse)	Location (address)	Size (m <sup>2</sup> )	Third Party? (Yes / No)	Approximate No of Employees

## 4.2.2 If your firm were to expand / grow, what machines would it purchase and why?

Type of Machine (include capacity where applicable)	Why?

- 4.2.3 What computer systems are your firm using?
- 4.2.4 Do you have experience in electronic tender submission ? Yes / No
- 4.2.5 Do you have capabilities for sand blasting and painting ? Yes / No
- 4.2.6 Is your facility capable of performing mechanical assembly including electrical and pneumatic works ?

## 5. Health, Safety and the Environment (HSE)

- 5.1.1 Does your firm have a Safety Program Yes / No  
If yes, please provide name and contact details of the person responsible.
- 5.1.2 Does your firm have health and safety training programmes? Yes / No  
If yes, please provide a list of the health and safety programmes.

- 5.1.3 Please provide the following data for the past two (2) years

Years	2006	2007	2008
Number of lost workday cases			
Number of restricted workday cases			
Number of cases with medical attention			
Number of fatalities			

- 5.1.4 Does your firm have an Environmental protection programme? Yes / No  
If yes, please provide name and contact details of the person responsible.
- 5.1.5 What is your firms policy on sustainable development? Please provide examples of implementation of this policy

## 6. Quality Assurance

- 6.1.1 Does your firm check the quality of the supplies your firm buys? Yes / No  
If yes, how does your firm do this?

6.1.2 What does your firm do if a supplier delivers poor quality supplies?

6.1.3 How does your firm make sure its customers get good quality products / services?

6.1.4 Does your firm make use of outside help to check the quality of its products / services?

## **7. Research and Development (R&D)**

7.1.1 Does your firm have an R&D programme? Yes / No  
If yes, please provide the name and contact details of the person responsible.

## **8. Customers**

8.1.1 How many customers does your firm have?

8.1.2 Who is your firm's biggest customer? How long have they been a customer and why are they such a good customer?

8.1.3 Do any of your firm’s products / services get sold in other countries? If so, which countries?

Products sold in other countries	Countries where the products are sold

8.1.4 Do any of your firm’s products / services get sold to foreign companies operating in this country? If so, which companies?

Products / services sold to foreign companies	Foreign Companies

8.1.5 Can your firm give customers updates with regards to how orders are progressing? How is this done?

8.1.6 What sort of after sales service does your firm offer (if applicable)?

8.1.7 Does your firm travel out to the customer to understand supply requirements?

## 9. Product Costing and Pricing Methodology

9.1.1 How does your firm determine at what price to sell the product / service?

9.1.2 Does your firm offer discounts if the customer purchases larger quantities? Yes / No  
If yes, please list discounts vs. order volume by product / service.

Product / service	Discount	Order volume

9.1.3 What affects your firm's costs?

9.1.4 How often do you think your firm will have to change its prices?

## 10. Financial Information

10.1.1 What were your firm's sales in the last year for each product / service category? Just put your sales to date, if your firm is new and not yet a year old.

Product / service category	Sales value*

\*Sales value should be expressed in local currency

- 10.1.2 If your firm is a supplier of products, what is the value of the stock your firm keeps? The value of the materials, work in progress and finished goods must be indicated.
- 10.1.3 Do you have any judgements, claims, or lawsuits pending? Yes / No  
If yes, please provide details:
- 10.1.4 Does your firm hold insurance? Yes / No  
If yes, please provide details:
- 10.1.5 Please provide the past 3 year audited financial statements for your firm

## 11. Experience and Past Performance

- 11.1.1 Please indicate the number of years experience for the type of activity applicable to your firm. If not applicable please indicate "N/A".

Type of experience:	Number of years experience
Manufacturer	
Distributor	
Stockist	
General contractor	
Sub-contractor	

- 11.1.2 Attach a list of contracts completed by your firm within the last two (2) years.

The list should address the items in the table below:

Project	
Customer name	
Type of work	
Original Value*	
Final Value*	
Reason for value increase/decrease	
Start Date (planned and actual)	
Completion Date (planned and actual)	
If subcontractor involved, provide: <ul style="list-style-type: none"> <li>• Sub-contractor Name</li> <li>• Type of work subcontracted</li> </ul>	

\*Value should be expressed in local currency

11.1.3 Attach a list of contracts in progress.

The list should address the items in the table below:

Project	
Customer name	
Type of work	
Original Value*	
Final Value*	
Reason for value increase/decrease	
Start Date (planned and actual)	
Completion Date (planned and actual)	
If subcontractor involved, provide: <ul style="list-style-type: none"> <li>• Sub-contractor Name</li> <li>• Type of work subcontracted</li> </ul>	

\*Value should be expressed in local currency

11.1.4 What percentage of contracts is awarded to subcontractors?

11.1.5 Has your firm ever cancelled a contract before completion? Yes / No  
 If yes, please provide reason for cancellation for each contract cancelled

## 12. Partnerships

12.1.1 Does your firm have any key business partners? Yes / No  
 If yes, what is their role?

Key Business Partners	Role

12.1.2 Are your firm’s employees, shareholders in the firm? Yes / No  
 If yes, describe how the employees benefit from this relationship.

## 13. Other Supplier information

Please detail any additional information that you would like to provide in support of your application

## 14. List of Documentation supplied with this application

Please list all documents provided with this application:

## 15. Applicant Declaration

The information provided in this Application and in all documentation attached is true and accurate at the time of completion.

Signed for and on behalf of \_\_\_\_\_ by its duly authorised signatory.  
*Name of company*

Signature \_\_\_\_\_

Authorised Signatory's name \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

Business Phone number \_\_\_\_\_

Email Address \_\_\_\_\_

Date \_\_\_\_\_