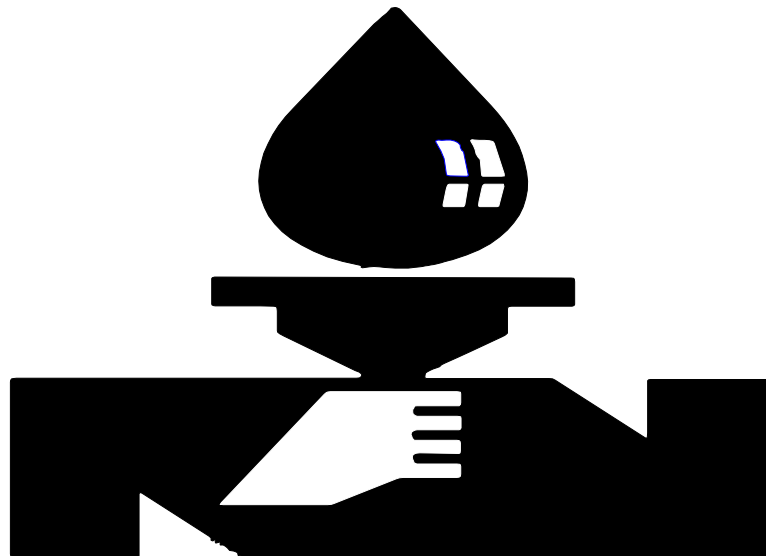


NRL – FAF – CON – 009

NATIONAL REFINERY LIMITED



APPLICATION
FOR
PREQUALIFICATION
OF
CONTRACTORS
7-B, KORANGI INDUSTRIAL ZONE,
KORANGI, KARACHI-74900.
UAN # 111-675-675
TELEPHONS # 35064135-37 & 35064981-86
FAX # 3505 4663 / 3506 6705
WEBSITE : www.nrlpak.com

1- TITLE OF THE JOB :

(Work / Job for which the Contractor wishes to be Pre-qualified.)

<u>Reference Number:</u> PQ / _____ / 2018-2019	<u>PRE-QUALIFICATION OF CONTRACTORS /</u> <u>FIRMS FOR</u>
<u>Closing Date :</u>	

2- CORPORATE STATUS :

<u>NAME UNDER WHICH BUSINESS CONDUCTED</u>	_____		

<u>LOCATION AND POSTAL ADDRESS</u>	_____		

TELEPHONE : _____	TELE FAX : _____		
E-MAIL : _____	TELEX / CABLE: _____		
<u>LEGAL STATUS</u> (attached documentary Proof)	<input type="checkbox"/> SOLE PROPRIETORSHIP	<input type="checkbox"/> REGISTERED FIRM	
	<input type="checkbox"/> PRIVATE LTD. CO.	<input type="checkbox"/> PUBLIC LTD. CO.	
	<input type="checkbox"/> ANY OTHER		
<u>DATE ESTABLISH</u>			
<u>NATIONAL TAX GIR NO</u> (attached documentary proof)	Details of Income Tax Paid by the Firm during the last 3 Years. YEAR 2014-2015 TAX PAID IN Rs. _____ YEAR 2015-2016 TAX PAID IN Rs. _____ YEAR 2016-2017 TAX PAID IN Rs. _____ (attach evidence please)		
SERVICES SALES TAX REGISTRATION	Yes / No _____ If yes Provide Reg # _____		
<u>REGISTRATION WITH PAKISTAN ENGINEERING COUNCIL</u>	NO / YES	IF YES	
	Please Tick (✓) Only	CATEGORY	REGISTRATION NO.
			(Attach Evidence)
IS YOUR COMPANY CERTIFIED TO ISO QMS 9001	NO / YES	IF YES	
ISO EMS 14001	Please Tick		
OHSAS 18001	(✓) only	(Attach Evidence)	

3A- SINDH EMPLOYEES SOCIAL SECURITY INSTITUTION (SESSI) & EDUCATION CESS :

<p>ARE YOUR WORKERS COVERED UNDER SOCIAL SECURITY ORDINANCE 1965 (SESSI) / WORKERS CHILDRENS (EDUCATION) ORDINANCE 1972 (EDUCATION CESS). IF YES, ATTACH DOCUMENTARY PROOF WITH REGISTRATION #. _____. IF NO, PLEASE PROVIDE SESSI & EDUCATION CESS COVERAGE TO YOUR WORKERS IN CASE PREQUALIFIED (AS THIS IS MANDANTORY FOR PRE-QUALIFICATION IN NRL)</p>	<p>YES / NO</p>
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3B- EMPLOYEES OLD AGE BENEFIT INSTITUTION (EOBI) :

<p>ARE YOUR WORKERS COVERED UNDER (EOBI) ACT 1976. IF YES, ATTACH DOCUMENTARY PROOF & WITH REGISTRATION #. _____. IF NO, PLEASE PROVIDE EOBI COVERAGE TO YOUR WORKERS IN CASE PREQUALIFIED (AS THIS IS MANDANTORY FOR PRE-QUALIFICATION IN NRL)</p>	<p>YES / NO</p>
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3C- EMPLOYEES ACCIDENTAL DEATH / DISABILITY :

<p>ARE YOUR WORKERS COVERED UNDER GROUP INSURANCE FOR ACCIDENTAL DEATH / DISABILITY IF YES, ATTACH DOCUMENTARY PROOF IF NO, PLEASE PROVIDE INSURANCE COVERAGE TO YOUR WORKERS IN CASE PREQUALIFIED (AS THIS IS MANDANTORY FOR PRE-QUALIFICATION)</p>	<p>YES / NO</p>
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4- MANAGEMENT :

<p>CHIEF EXECUTIVE</p>	<p>Name: _____ Tel : _____</p>
<p>KEY PERSONNEL</p>	<p>1- _____ 2- _____ 3- _____ 4- _____</p>


5- REFERENCES :

<p><u>BANKERS</u></p>	<p>1. _____ 2. _____</p>
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Please attach the following: -
(a) Bank Certificate certifying ability to arrange finances and bonds for execution of contract.
(b) Last 3 years Bank Statement.

6- EXPERIENCE OF THE ORGANIZATION :

A. (WORKS COMPLETED / EXECUTED) LAST FIVE (05) YEAR

S. NO.	Description Of Relevant Work	Contract Value in Pak Rs.	Completion Year	Name & Address of Client / Consultant	Documentary Evidence 
01					YES / NO.
02					YES / NO.
03					YES / NO.
04					YES / NO.
05					YES / NO.

B. (WORK IN HAND PLEASE ATTACH COPIES OF WORK ORDERS OF SIMILAR NATURE)

S. NO.	Description Of Relevant Work	Contract Value in Pak Rs.	Completion Year	Name & Address of Client / Consultant	Documentary Evidence 
01					YES / NO.
02					YES / NO.
03					YES / NO.
04					YES / NO.
05					YES / NO.



Please attach Photo Copies of evidence for each work. PLEASE USE SEPARATE SHEETS

IF SPACE IS INADEQUATE OR FOR ADDITIONAL RELEVANT INFORMATION NOT COVERED IN THIS FORM

7- PARTICULARS OF EMPLOYEES :

DETAIL OF (TECHNICAL / NON-TECHNICAL) PERSONNEL ALONG WITH THEIR QUALIFICATION, EXPERIENCE & TRADE EMPLOYED IN THE ORGANIZATION.

S. NO.	CATEGORIES
01	SUPERVISORS
02	SKILLED
03	SEMI SKILLED
04	UN-SKILLED
05	
06	
07	
08	
09	
10	

8- LIST OF CONSTRUCTION / ENGINEERING EQUIPMENT / MACHINERY & TOOLS OWNED BY THE FIRM :

S. NO.	PARTICULARS / DESCRIPTION	NO. / QTY	MAKE / MODEL	Address / Location For Physical Inspection Of The Equipment
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				

Attach Extra Sheet if required.

9- DETAILS OF LITIGATION / ARBITRATION CASES IF ANY:

Has the Contractor / Firm or any of the Partners ever been:

S. NO.	DESCRIPTION	IF YES	IF NO
		(Please attach detail)	(Provide Certificate on Company Letter Head)
i)	Disqualified from taking the job		
ii)	Subject to arbitration or litigation Proceedings		
iii)	Subject to prosecution by any company		

10- HELTH / SAFETY & ENVIRONMENT PROCEDURE:

<u>NRL UNDERSTAND THAT CONTRACTOR WILL FOLLOW</u>
<p>1- <u>NRL HEATH SAFETY, ENVIRONMENT & QUALITY POLICY.</u></p> <p>As NRL has been Certified to ISO-14001, EMS and OHSAS-18001, any requirement under these Certification is to be fulfilled by the Contractor.</p> <p>2- <u>NRL SAFETY PROCEDURE.</u></p> <p>NRL Health Safety, Environment & Quality (HSEQ) policy is to be followed as laid down under NRL Safety Rules & Regulation and as per Health Safety & Environment Policy Statement.</p>

11- SECURITY PROCEDURE:

<u>NRL UNDERSTAND THAT CONTRACTOR WILL FOLLOW</u>
<p><u>SECURITY PROCEDURE.</u></p> <p>NRL falls under category 1A installation. As such all contractors & their permanent / temporary (employees) visiting NRL installation (for any job) are required to get Police Verification from Special Branch Sindh Police, for entry inside the Refinery. No Work Order / Contract will be awarded, if firms and their employees are cleared from Sindh Police from security point of you.</p>

12- LABOUR LAW & POLICY :

<u>NRL UNDERSTAND THAT CONTRACTOR WILL FOLLOW</u>
<p><u>LABOUR LAWS & POLICES.</u></p> <p>As announced by the Government from time to time and ensure that Minimum Wages under ordinance 1961 are being paid to their employees. Attendance & leaves records of the employees are being properly maintained.</p> <p><u>OVER TIME.</u> Payment are being paid under labour laws.</p>

13- ANY OTHER INFORMATION / DETAILS WHICH THE CONTRACTOR WOULD LIKE TO MENTION :

14- I / We Solemnly declare that above information is true and correct and in case any statements is found incorrect, I / We be bound to accept Company's decision

(SIGNATURE OF CHIEF EXECUTIVE / OWNER)

COMPANY STAMP

NAME : _____

DESIGNATION: _____

DATE : _____

NOTE:

- i- Please read the above format carefully & complete it in legible writing (For Yes/ No Tick mark (✓) on any one of them. Which you feel appropriate.
 - ii- Photocopies of following documents shall be enclosed with this application.
1. Work Order / Contract Agreement for the orders executed and shown against question No.6.
 2. Please use separate sheet if space is inadequate or for additional relevant information not covered by the Form.
 3. Please always use clean Photocopied form or otherwise Computer generated forms are allowed.
 4. Contractors / firms already registered / prequalified with NRL should apply again alongwith full documents as required in the application.
 5. In case of further clarification / query please contact: -

Manager Contracts

Telephone No. 35060847

UAN No. 111-675-675 (Extension 2253)