**ANNEX 1 PREQUALIFICATION APPLICATION FORM**

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| --- | --- | --- | --- | --- | --- |
| **Category…………………………………………………………...** | | | | | |
| Name of company: |  | | | | |
| Physical address: |  | | | | |
| City/town: |  | | | | |
| Telephone: |  | | | | |
| Email: |  | | | | |
| Contact person: | Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Established year: |  | | | | |
| Form of Business: | Company ☐  Partnership ☐  Single trader ☐  Others ☐ (Please specify) ……………………………………… | | | | |
| Industry: | Manufacturing ☐  Construction ☐  Hospitality ☐  Healthcare ☐  Transportation and travel agent ☐  Consultancy ☐  Others ☐ (Please specify) | | | | |
| **PAST EXPERIENCE (NAMES OF CLIENTS SERVED IN THE LAST TWO YEARS AND VALUE OF ORDERS)** | | | | | |
| Organization Name | Year | Amount | Item/service supplied | | Contact person |
|  |  |  |  | |  |
|  |  |  |  | |  |
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**DECLARATION FORM (PRINT ON YOUR COMPANY LETTERHEAD)**

Having Studied the Prequalification Information, We/ I hereby state:

1. The Information Furnished in our Application form is accurate to the best of our knowledge.
2. That incase of Being prequalified, we acknowledge that this grants us the right to participate in due time in the submission of a tender or Quotation based on provisions in the tender or Quotation Documents to Follow.
3. We are not Employees of Plan International Somalia and Somaliland or related to any employee of Plan International Somalia and Somaliland.
4. When our legal, Technical or financial conditions or the contractual capacity of the firm changes, we volunteer to inform you of the status and acknowledge your right to review the prequalification made.
5. We are not broken, in receivership, Bankrupt or in the process of being wound up and is not subject of legal proceedings related to the foregoing.
6. That we will not engage in corrupt practices with the members of staff.

**Date:** ……………………………………………………………...

**Applicant’s Name**…………………………………………….

**Represented By**: ……………………………………………….

**Signature**: …………………………………………………………….

(***Full names and Designation of the person signing and stamp or Seal*** )