
PRE-QUALIFICATION QUESTIONNAIRE (PQQ)

Notes for Suppliers

The purpose of this questionnaire is to assist [*name of purchasing organisation*] in deciding which suppliers to short-list to invite to tender for [*identification of requirement*].

In order to simplify this process, you don't need to provide supporting documents, for example, accounts, certificates, statements or policies with this questionnaire.

However, the purchasing organisation may ask to see these documents at a later stage. You may also be asked to clarify your answers or provide more details.

Please answer every question. If the question does not apply to you please write N/A; if you don't know the answer please write N/K.

“Authority” means the purchasing organisation that is seeking to award a contract.

Please return this form to:

[*Name*].....

[*Organisation*].....

[*Address*].....

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Not later than: [*time and date*]

We will contact you again by: [*date*]

If you have any queries about this form please contact:

[Name]

[Phone]

[Email]

PRE-QUALIFICATION QUESTIONNAIRE (PQQ)

1	BASIC DETAILS OF YOUR ORGANISATION		
1.1	Name of the organisation in whose name the tender would be submitted:		
1.2	Contact name for enquiries about this bid:		
1.3	Contact position (Job Title):		
1.4	Address: Post Code:		
1.5	Telephone number:		
1.6	Fax number:		
1.7	E-mail address:		
1.8	Website address (if any):		
1.9	Company Registration number (if this applies):		
1.10	Charities or Housing Association or other Registration number (if this applies). Please specify registering body:		
1.11	Date of Registration:		
1.12	Registered address if different from the above: Post Code:		
1.13	VAT Registration number:		
1.14	Is your organisation: (Please tick one)	i) a public limited company?	
		ii) a limited company?	
		iii) a partnership	
		iv) a sole trader	

PRE-QUALIFICATION QUESTIONNAIRE (PQQ)

		v) other (please specify)	
1.15	Name of (ultimate) parent company (if this applies):		
1.16	Companies House Registration number of parent company (if this applies):		
1.17	Construction and related businesses only: Are you registered with Constructionline? If “Yes”, what is your registration number?	Yes / No	

2	FINANCIAL INFORMATION		
2.1	What was your turnover in the last two years (if this applies)?	£..... for year ended --/--/----	£..... for year ended --/--/----
2.2	Has your organisation met the terms of its banking facilities and loan agreements (if any) during the past year?	Yes / No	
2.3	If “No” what were the reasons, and what has been done to put things right?		
2.4	Has your organisation met all its obligations to pay its creditors and staff during the past year?	Yes / No	
2.5	If “No” please explain why not:		
2.6	What is the name and branch of your bankers (who could provide a reference)?	Name:	
		Branch:	
		Contact details:	
2.7	If asked, would you be able to provide at least one of the following?		

PRE-QUALIFICATION QUESTIONNAIRE (PQQ)

	<i>A copy of your most recent audited accounts (for the last two years if this applies)</i>	Yes / No
	<i>A statement of your turnover, profit & loss account and cash flow for the most recent year of trading</i>	Yes / No
	<i>A statement of your cash flow forecast for the current year and a bank letter outlining the current cash and credit position</i>	Yes / No

3	BUSINESS ACTIVITIES	
3.1	What are the main business activities of your organisation?	
3.2	How many staff does your organisation have? (If you are a sole trader, please say so)	

4	REFERENCES			
	Please provide details of three recent contracts that are relevant to the Authority's requirement. Where possible at least one should be from the public sector. If you cannot provide three references, please explain why.			
		Reference 1	Reference 2	Reference 3
4.1	Customer Organisation (name):			
4.2	Customer contact name and phone number:			
4.3	Date contract awarded:			

PRE-QUALIFICATION QUESTIONNAIRE (PQQ)

4.4	Contract reference and brief description:			
4.5	Value:			
4.6	Date contract was completed:			
4.7	Have you had any contracts terminated for poor performance in the last three years, or any contracts where damages have been claimed by the contracting authority?			Yes / No
4.8	If “Yes”, please give details:			

5	INSURANCE	
	Please provide details of your current insurance cover	Value
5.1	Employer’s Liability:	£
5.2	Public Liability:	£
5.3	Other (please provide details):	£

6	QUALITY ASSURANCE	
6.1	Does your organisation hold a recognised quality management certification for example BS/EN/ISO 9000 or equivalent?	Yes / No
6.2	If not, does your organisation have a quality management system*?	Yes / No

PRE-QUALIFICATION QUESTIONNAIRE (PQQ)

6.3	If you do not have quality certification or a quality management system, please explain why:	
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7	HEALTH & SAFETY	
7.1	Does your organisation have a written health and safety at work policy? <i>(see notes at end of questionnaire)</i>	Yes / No
7.2	Does your organisation have a health and safety at work system*?	Yes / No
7.3	If “No”, to either of the above please explain why:	

8	EQUAL OPPORTUNITIES	
	Does your organisation have a written equal opportunities policy, to avoid discrimination?	Yes / No

9	ENVIRONMENTAL MANAGEMENT	
	Does your organisation have an environmental management system*?	Yes / No

10	PROFESSIONAL AND BUSINESS STANDING	
	Do any of the following apply to your organisation, or to (any of) the director(s) / partners / proprietor(s)?	
10.1	Is in a state of bankruptcy, insolvency, compulsory winding up, receivership, composition with creditors, or subject to relevant proceedings	Yes / No
10.2	Has been convicted of a criminal offence related to business or professional conduct	Yes / No

PRE-QUALIFICATION QUESTIONNAIRE (PQQ)

10.3	Has committed an act of grave misconduct in the course of business	Yes / No
10.4	Has not fulfilled obligations related to payment of social security contributions	Yes / No
10.5	Has not fulfilled obligations related to payment of taxes	Yes / No
10.6	Is guilty of serious misrepresentation in supplying information	Yes / No
10.7	Is not in possession of relevant licences or membership of an appropriate organisation where required by law	Yes / No
10.8	If the answer to any of these is “Yes” please give brief details below, including what has been done to put things right.	

11	REQUIREMENT SPECIFIC QUESTIONS	
11.1	Q	A
11.2	Q	A
11.3		
11.4		

12	I declare that to the best of my knowledge the answers submitted in this PQQ (and any supporting modules) are correct. I understand that the information will be used in the evaluation process to assess my organisation’s suitability to be invited to tender for the Authority’s requirement.	
	FORM COMPLETED BY	
12.1	Name:	
12.2	Position (Job Title):	
12.3	Date:	

PRE-QUALIFICATION QUESTIONNAIRE (PQQ)

12.4	Telephone number:	
12.5	Signature:	

Notes:

* “system” means processes and procedures to ensure that the subject is properly managed. This includes making sure that legal requirements are met.

Health and Safety Policies

Any business employing **five** or more people has, by law, to prepare and bring to the attention of employees a written Health and Safety Policy Statement.

A Health and Safety Policy usually consists of three distinct sections namely:

General Policy Statement – a short statement outlining the organisation’s commitment to Health and Safety, **signed and dated** by the senior organisation official (for example, the Managing Director).

Organisation – how the organisation addresses health and safety; lines of communication between managers and staff; and any specific duties/responsibilities assigned within the organisation - this should be relatively straightforward for smaller organisations.

Arrangements – the systems and procedures in place for ensuring employees’ health and safety at work