



NIGERIAN ENERGY SUPPORT PROGRAMME

INFORMATION QUESTIONNAIRE

Important Notice: All information provided must be true and reliable; providing false information will lead to the applicant being disqualified and/or penalized and legal action will be taken against such.

Part A – General Information

S/N	Name of Organization	Description
1.	Postal Address	
2.	Principal Contact Person	Name: Position:
3.	Contacts	Telephone: Fax No. Email:
4.	Physical Location of Business Premises. <i>Note that a visit to your office may be made to confirm information provided as part of the evaluation.</i>	Street Town..... L.G.A

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		State			
5.	Nature of organization (e.g., Sole Proprietorship, Limited Liability Company, Partnership etc.)	<table border="1"> <tr> <td>Limited Liability Company (1)</td> <td>Partnership (2)</td> <td>Joint Venture (3)</td> </tr> </table>	Limited Liability Company (1)	Partnership (2)	Joint Venture (3)
Limited Liability Company (1)	Partnership (2)	Joint Venture (3)			
6.	Names of Directors or Partners	1. 2. 3. 4.			
7.	Geographical area of Operations				
8.	Business Operations	Year established..... Duration of Business Operation.....			
9.	Company registration No. (attach copy of registration certificate)	Number			

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Part B – Eligibility

1. Have you or any member, officer of your company, or partner or affiliate company been subject of legal proceedings for insolvency, bankruptcy, receivership, or your business activities suspended for related reasons? YES/NO.
2. If yes, state timeframe ----- (if yes, you must present legal documentary evidence that you are cleared, and your business is now solvent).
3. Have you fulfilled your obligations to pay taxes for the last three years? YES/NO. (If yes, kindly provide evidence of previous tax(es) paid).
4. Are you or your personnel or agents subject of legal proceedings for corrupt or unethical business practice or offered any inducement to any procurement entity so that you can be considered for award of a tender? YES/NO.
5. Has the firm making this application or any of its directors been debarred or suspended from participating in public procurement or have any procurement entity-initiated proceedings of that nature against the firm or one of its directors, for any reason whatsoever? YES/NO.
6. Have you had any contracts terminated for poor performance in the last five years, or any contracts where damages have been claimed by the contracting authority/client? YES/NO

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Part C – Financial Information

Financial Data for Previous 3 Years (in ₦)		
Year 1	Year 2	Year 3

Information from Balance Sheet

	Year 1	Year 2	Year 3
Total Assets			
Total Liabilities			
Net Worth			
Current Assets			
Current Liabilities			

Information from Income Statement

	Year 1	Year 2	Year 3
Total Revenues			
Profits Before Taxes			
Profits After Taxes			

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Attached are copies of financial statements (balance sheets including all related notes, and income statements) for the last three or above years, as indicated above, complying with the following conditions?

1. Historic financial statements must be audited by a certified chartered accountant.
2. Historic financial statements must be complete, including all notes to the financial statements.
3. Historic financial statements must correspond to accounting periods already completed and audited (no statements for partial periods shall be requested or accepted).

Banker	Name of banker			
	Address of banker			
	Telephone	Contact name and title		
	Fax	E-mail		

Attach a copy of the firm's audited accounts and certified bank statements for the previous 3 years together with letters of reference from the bankers regarding the firm's credit position.

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Part D – Trade References

Provide contact details of three (3) referees for previous/current work that is similar or the same to the one applied for. Note that the referees may be contacted without further references to you. (Attach documentary evidence of existence of the contract)

	How many references are you indicating? (Tick one)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1.	Organization Name Contact Name and Position Office & Mobile Tel No. E-Mail Address Name of project & location Service provided			
2.	Organization Name Contact Name and Position Office & Mobile Tel No. E-Mail Address Name of project & location Service provided			

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3.	Organization Name Contact Name and Position Office & Mobile Tel No. E-Mail Address Name of project & location Service provided
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Part E – Industry Information

Company Licenses

Provide list of registration certificates with relevant bodies

Project History

Completed Projects

List the information of Projects completed over the last ten (10) years

No	Client	Project Title	Location	Start Date	End Date	Project Cost/Value	Sub-Contractors (If any)

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Ongoing Projects

List the information on up to five ongoing projects

No	Client	Project Title	Location	% Complete	Expected Completion Date	Project Cost/Value	Source of Funding

You can attach a separate sheet of paper if space provided is not enough.

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