

PRE-QUALIFICATION SUBMITTAL CHECKLIST

1. Submittal Information		
Project Title: DESIGN & BUILD OF INTERIOR FIT-OUT WORKS FOR EXISTING DARB LUSAIL BUILDING C1-16/17, LUSAIL CITY (BP30)		
PQ Reference:	<input type="checkbox"/> International	Date :
Supplied Product:	<input type="checkbox"/> Local	
2. Manufacture Information		
Manufacture name:	Country of Origin:	
Address:	Phone No:	
Number of Branches:	Fax No:	
3. Sub-Contractor / Supplier / Manufacturer Information		
Sub-Contractor / Supplier / Manufacturer name:	Country :	
Address:	Phone No:	
P.O.B:	Fax No:	
4. Consultant (CSC)		
Enclosures		
1 Company Profile.		
2 Organization Chart.		
3 CV / Brief of Key Personnel.		
Government Licenses/Certificates.		
4.1 Commercial Registration.		
4.2 Trade Licenses		
4.3 Computer Card		
4.4 Taxes Card		
4.5 Chamber of commerce certificate		
4.6 Latest classification of the company		
5 Statutory Approval by local authorities (MOE, Civil defense,.. etc.).		
6 ISO Certificates (ISO 9001, ISO 14001, OHSAS 18001).		
7 Conformity Certificate issued by Laboratories and Standardization Affairs (Qatar General Organization for Standardization) for local vendors and CE marking or equivalent for international vendors.		
8 Guarantee and Warranties Certificate.		
9 Performance/ Test certificate.		
Scope of Work:		
10 10.1 Material List /Product List to be used.		
10.2 Compliance Statement as per Project Specification/QCS 2014/ Standards.		
11 Adopted Codes and Standards.		
12 Company Quality Plan & QC procedure.		
13 Company Health & Safety Manual.		
Equipment & Machinery:		
14.1 List and Certificates.		
14.2 Calibration Certificate.		
Company Manpower:		
15.1 List and categories.		
15.2 Schedule of availability.		
16 Summary of Similar Current / Completed Projects in Qatar.		
17 Summary of Similar Current / Completed Projects outside Qatar.		
18 Document Signed/Stamped by project designer/Engineer.		
5. PMCM / Employer		
Justification letter from Contractor/Manufacturer/Supplier for the ALTERNATIVE Product:		
19.1 Technical Compliance.		
19.2 Commercial Compliance and benefit to the Employer.		
19.3 Time impact for the delivery as per approved baseline program.		
19.4 Cost Impact for the proposed product.		
20 Financial Status.		
21 Professional Indemnity Insurance.		
Responsible Manager:		
Manufacturer Stamp	Supplier Stamp	Main Contractor Stamp
Authorized Signature:	Authorized Signature:	Authorized Signature:
Date:	Date:	Date: