

Pre – Qualification of Maintenance Contractors Form

(1) APPLICANT'S NAME

Title: _____ First Name: _____ Surname: _____

(2) COMPANY'S NAME AND CONTACT INFO

Name: _____ Address: _____

Telephone No(s): _____ Fax No: _____

(3) TYPE OF SERVICES OFFERED

- | | | | |
|---|------------------------------------|---|---|
| <input type="checkbox"/> Blinds | <input type="checkbox"/> Flooring | <input type="checkbox"/> Janitorial | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> BMS | <input type="checkbox"/> Furniture | <input type="checkbox"/> Joinery | <input type="checkbox"/> Security Installations |
| <input type="checkbox"/> Ceilings | <input type="checkbox"/> Gates | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Signage |
| <input type="checkbox"/> Doors | <input type="checkbox"/> Glazing | <input type="checkbox"/> PA/VA | <input type="checkbox"/> Tiling |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Gypsum | <input type="checkbox"/> Painting | <input type="checkbox"/> Voice and Data |
| <input type="checkbox"/> Fencing | <input type="checkbox"/> HVAC | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Other |
| <input type="checkbox"/> Fire Suppression | <input type="checkbox"/> ICT | <input type="checkbox"/> Pumps & Generators | <input type="checkbox"/> |

If "Other" is selected, please state the Service here: _____

(4) COMPANY SPECIFIC INFORMATION

- No. of Years in Operational Existence: _____
- No. of Permanent Employees: _____
- List two (2) of the Company's Major Clients: (1) _____ (2) _____