

TAWAZUN
INDUSTRIAL
PARK

مجمع
توازون
الصناعي

شركة تابعة لتوازن القابضة
A Tawazun Holding Company

PRE-QUALIFICATION & REGISTRATION OF VENDORS / SUPPLIERS FOR GOODS, WORKS AND SERVICES FOR TAWAZUN INDUSTRIAL PARK LLC.

1. PRE-QUALIFICATION GENERAL INSTRUCTIONS & GUIDELINES

1.1. Introduction

- a. This document is considered by TIP to be a very important one for evaluating suitability of an organization as a prospective Supplier, Contractor, Consultant or Service Provider. Hence you are requested to follow these instructions for completing the Pre-qualification application.
- b. The applicant is requested to provide particulars as indicated in the enclosed Prequalification form as accurately as possible and where space provided is not sufficient, please use a separate sheet of paper and attach to this form.
- c. If the information given is found to be incorrect in any respect, the applicant shall be rendered ineligible for registration.
- d. All the information provided would be treated as confidential.
- e. This prequalification document is eligible for category item/s selected in this form.
- f. TIP reserves the right to visit and inspect business premises of all the applicants to verify information provided as and when applicable.
- g. The firm must have a fixed Business Premise and must be registered in Abu Dhabi or in other emirates of the UAE with Chamber of Commerce, certificate of Registration, copies of which must be attached.

1.2. Pre-qualification Objective

The main objective is to supply and deliver assorted items and also provide services or works to TIP on as and when required from Pre-qualified Vendors.

1.3. Invitation of Pre-qualification

Vendors / Organizations registered and accredited under the Laws of UAE in respective merchandise or services or works are invited to submit their Pre-qualification documents to TIP Procurement and Contracts Department so that they may be pre-qualified for submission of quotations or participate in the RFP/ Tender process initiated by TIP. The prospective Suppliers/Contractors/Consultants/Service Providers are required to provide mandatory information for pre-qualification.

1.4. Experience

Prospective Suppliers/Contractors/Consultants/Service Providers must have carried out successful supply and delivery of similar items/services to Government/ Corporation/ institutions of similar size. Potential Suppliers/Contractors/Consultants/Service providers must demonstrate the willingness and commitment to meet the pre-qualification criteria.

TIP may waive some of the conditions in this document in line with TIP Procurement Policy and management decision.

1.5. Pre-qualification Document

This document includes questionnaire forms and documents required of prospective vendor. In order to be considered for pre-qualification, prospective vendor must submit all the information herein requested.

1.6. Submission of Pre-qualification Documents

A copy of the completed pre-qualification data and other requested information shall be submitted to reach:

**Supplier Registration Officer
Procurement & Contracts Department
Tawazun Industrial Park LLC**

The Prequalification documents have to be submitted as soft copy i.e. pdf format as attachments to email and addressed to registration@tip.ae. Take note that maximum capacity of email attachment is limited to 8MB, however, should the documents' total capacity exceeds 8MB, coordinate with the Supplier Registration Officer to assist in uploading the registration/prequalification documents using TIP's file transfer link (i.e. Barq)

1.7. Questions Arising from Documents

Questions that may arise from the pre-qualification documents should be directed to the following contact person:

Supplier Registration Officer
Procurement & Contracts Department
Email: registration@tip.ae

1.8. Additional Information

TIP reserves the right to request submission of additional information from prospective vendor / organization.

2. PRE-QUALIFICATION DATA INSTRUCTIONS

The application for prequalification and registration process are divided in 2 parts where Part A is the category selection and Part B for the PQ questionnaire form.

2.1. Category Selection

Prospective vendor is required to select by checking (✓) applicable categories that describe the nature of business or products, works and or services the applicant wishes to be registered. In case the category is not mentioned, please insert the description of the category in the provided space.

2.2. Pre-qualification data forms

The enclosed questionnaire form has to be completed by prospective organization / vendor who wish to be pre-qualified and included in roster of TIP's Approved Vendors List either as a Contractor (Use PQ Form 1), a Consultant (Construction Related – Use PQ Form 2), Consultant/Service Provider (Use PQ Form 2) or a Supplier (Use PQ Form 3).

The pre-qualified application form which are not filled out completely and submitted in the prescribed manner will not be considered. All the documents that form part of the pre-qualification must be written in English.

2.3. Evaluation Process

Applicant shall be evaluated based on the information and supporting documents provided.

Section 1. – All information must be filled. Attachments requested are mandatory.

Section 2. – Financial capability shall be reviewed and will be checked for Company's financial capability such as either "recommended" or "not recommended"

Sections 3, 4, 5, 6, – The Applicant shall receive minimum 50% passing rate in each section and an overall 50% under section 03 – 07 in order to qualify to do business with TIP. Some sections are not applicable to Service Providers and Suppliers, albeit, overall 50% rating stands.

2.4. Registration of Vendor

Upon passing the prequalification evaluation and approval, a registration letter or e-mail communication shall be sent to the applicant advising their successful registration as an approved TIP Vendor. The information shall include the Vendor Reference Number, the category or categories that they are prequalified.

The Applicants shall note that, even though the Company's / Vendors are registered with TIP, in order to work within TIP, a security clearance is mandatory for all the Company's and this will be conducted during the tender stage.

PART A

CATEGORY SELECTION

Applicants / vendors are requested to select from the below list the nature of their business and fill the data form supplied herein after. Separate data forms are provided for Suppliers, Contractors and Consultants / Service Providers.

Please tick (✓) the number of the category / categories applicable to your company's nature of business:

FOR SUPPLIERS

Tick as applicable	Procurement Category Number	Item Description/Category Name (Supply of Goods)
<input type="checkbox"/>	G001	General Office Supplies and Stationeries
<input type="checkbox"/>	G002	Supply of Custom Print Stationery
<input type="checkbox"/>	G003	Supply of Computer Related Consumables
<input type="checkbox"/>	G004	Supply of Grocery / Pantry / Toiletry Items
<input type="checkbox"/>	G005	Supply of Motor Vehicle Tyres, Batteries and Accessories
<input type="checkbox"/>	G006	Supply of Drinking Mineral Water
<input type="checkbox"/>	G007	Supply of Staff Uniforms / Shoes
<input type="checkbox"/>	G008	Supply of Dates / Gifts / Promotional Items / Flags
<input type="checkbox"/>	G009	Supply of Computer Hardware
<input type="checkbox"/>	G010	Supply of Computer Software
<input type="checkbox"/>	G011	Supply of Newspapers, Magazines and Periodicals
<input type="checkbox"/>	G012	Supply of Building Materials – General
<input type="checkbox"/>	G013	Supply of MEP Materials
<input type="checkbox"/>	G014	Supply of Rental Equipment
<input type="checkbox"/>	G015	Medical Supplies / HSE equipment / PPE gear
<input type="checkbox"/>	G016	Supply of Sporting Goods / Sports Equipment
<input type="checkbox"/>	G017	Supply of Storage Solutions / Archiving tools
<input type="checkbox"/>	G018	Supply of Security Devices
<input type="checkbox"/>	If not mentioned above, please specify	

FOR CONTRACTORS, CONSULTANTS, SERVICE PROVIDERS

No.	Procurement Category Number	Item Description/Category Name (Provision of Works / Services)
<input type="checkbox"/>	S101	Laundry Services
<input type="checkbox"/>	S102	Hospitality and Housekeeping / General Cleaning / Janitorial Services / Waste Management
<input type="checkbox"/>	S103	Transportation Services / Car Rental Services
<input type="checkbox"/>	S104	Pest Control Services
<input type="checkbox"/>	S105	Landscaping Services / Hardscaping / Softscaping
<input type="checkbox"/>	S106	Supply and installation of Pavers, Curbstones and Interlocks
<input type="checkbox"/>	S107	Supply and installation of Signages, Frost Films, Stickers
<input type="checkbox"/>	S108	Events Management Services / Audio-Visual Services / PA system
<input type="checkbox"/>	S109	Construction – Civil Works, Infrastructure, Roads
<input type="checkbox"/>	S110	Construction – Buildings / Pre-fab / Modular
<input type="checkbox"/>	S111	Construction – Steel Structures / Warehouses / Hangars
<input type="checkbox"/>	S112	Electrical Works - Supply, Installation, Commissioning, Maintenance
<input type="checkbox"/>	S113	Plumbing Works - Supply, Installation, Commissioning, Maintenance
<input type="checkbox"/>	S114	Mechanical and HVAC Works – Supply, Installation, Commissioning, Maintenance
<input type="checkbox"/>	S115	Fire Fighting and Fire Alarm System Works - Supply, Installation, Commissioning, Maintenance
<input type="checkbox"/>	S116	IT Infrastructure Works / Servers / Cabling / Networking
<input type="checkbox"/>	S117	IT Maintenance Works – Printers
<input type="checkbox"/>	S118	IT Maintenance Works – Telephones, Smartphones, Hand held Devices
<input type="checkbox"/>	S119	Security Services, Access Control and CCTV Works
<input type="checkbox"/>	S120	Food and Beverage / Catering Services
<input type="checkbox"/>	S121	Surveying Works, Testing and Laboratory Services
<input type="checkbox"/>	S122	Human Resources Services
<input type="checkbox"/>	S123	Civil Maintenance Works and Refurbishment
<input type="checkbox"/>	S124	Glass/ Aluminium / Cladding Works
<input type="checkbox"/>	S125	Furniture / Fixture / Joinery / Carpentry / Fit-Out Works
<input type="checkbox"/>	S126	Healthcare Services / Clinic
<input type="checkbox"/>	S127	Supply and Installation of Tents, Porta Cabins, Parking Shades, Canopies / Temporary Offices
<input type="checkbox"/>	S128	Insurance Providers / Brokers
<input type="checkbox"/>	S129	Fencing Works / Guard Rails / Hoarding
<input type="checkbox"/>	S130	Travel Management Services
<input type="checkbox"/>	S131	Training Services
<input type="checkbox"/>	S132	Consultancy Services (Construction) – Design, Supervision / Master Planning

No.	Procurement Category Number	Item Description/Category Name (Provision of Works / Services)
<input type="checkbox"/>	S133	Consultancy Services – Environmental Monitoring / HSE / Audit / Risk Assessment / Administrative Studies / Defense Related / Ballistics
<input type="checkbox"/>	S134	Legal Services
<input type="checkbox"/>	S135	Manned Security Services
<input type="checkbox"/>	S136	Emergency Response Services / Fire Brigade / Fire Protection / Disaster Management
<input type="checkbox"/>	S137	Financial and Marketing Services
<input type="checkbox"/>	S138	Branding and Design Services
<input type="checkbox"/>	S139	IT Solutions / Support / Training – (enumerate your partnership, exclusive distributorship, etc. as specified below)
<input type="checkbox"/>	If not mentioned above, please specify	

SECTION 2: FINANCIAL INFORMATION

1. Balance Sheet Information (for the last 3 years)	Year 1 _____	Year 2 _____	Year 3 _____
Fixed Assets			
Current Assets			
Current Liabilities			
Paid Up Capital			
Long Term Liabilities			
2. Turnover (for the last 3 years)	Year 1 _____	Year 2 _____	Year 3 _____
Gross Income			
Net Income			
3. Bank and Branch Name			
Address:		Type of Account:	
Bank Account Name:			
4. Overdraft Facilities:			
Amount:			
Bank Name:			
Please provide letters from the bank			
5. Please provide a copy of the Company's last 3 years Annual or Audited Financial Report.			
6. Federal Tax Authority – VAT Registration Number:			

Attachment to Section 2.

1. Last 3 years' Audited Financial Statements
2. VAT Certificate

SECTION 3: TECHNICAL CAPABILITY AND INFORMATION ON SERVICES OFFERED

1. Provide company profile, details of the company organization and management structure.		
2. Detail the staff resources and disciplines held by the company both regionally and internationally.		
3. References (your clients, country, year and types of contracts) – Provide 3 references including company name, work provided and contact details		
Client / Organization Name & address	Name of Contact Person and Telephone or e-mail if available	Project Details including Location, Completion Date and Value

4. Years of Experience in the UAE: (please tick as applicable)	<input type="checkbox"/> 0 (< 1 year)	<input type="checkbox"/> Above 1 and up to 5	<input type="checkbox"/> Above 5 and up to 10	<input type="checkbox"/> Above 10 and up to 15	<input type="checkbox"/> More than 15 years			
5. Years of Experience internationally: (please tick as applicable)	<input type="checkbox"/> 0 (< 1 year)	<input type="checkbox"/> Above 1 and up to 5	<input type="checkbox"/> Above 5 and up to 10	<input type="checkbox"/> Above 10 and up to 15	<input type="checkbox"/> More than 15 years			
6. Abu Dhabi Municipality Category Classification : (please tick as applicable)	<input type="checkbox"/> Special	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Third	<input type="checkbox"/> Fourth	<input type="checkbox"/> Others, pls. specify		
7. Maximum Value of a Single Project Executed previously: (please tick as applicable)	<input type="checkbox"/> <5 Million (M)	<input type="checkbox"/> Above 5 to 10M	<input type="checkbox"/> Above 10 to 50M	<input type="checkbox"/> Above 50 to 100M	<input type="checkbox"/> Above 100 to 300M	<input type="checkbox"/> Above 300 to 500M	<input type="checkbox"/> Above 500M to 1 Billion (B)	<input type="checkbox"/> Above 1 B
8. Maximum value of a Single Project can be executed as per your company's current capability: (please tick as applicable)	<input type="checkbox"/> <5 Million (M)	<input type="checkbox"/> Above 5 to 10M	<input type="checkbox"/> Above 10 to 50M	<input type="checkbox"/> Above 50 to 100M	<input type="checkbox"/> Above 100 to 300M	<input type="checkbox"/> Above 300 to 500M	<input type="checkbox"/> Above 500M to 1 Billion (B)	<input type="checkbox"/> Above 1 B

Attachments to Section 3:

- List of completed and ongoing projects (please follow below table format. Fill details in a separate sheet in the below format and then attach with this PQ form.)

S/n	Project Title and Scope of Work/s or Services	Consultant	Client	Project Value (AED)	Project Status	Year
1.						
2.						
3.						

SECTION 4. COMPANY RESOURCES

- Provide Company's own plant, equipment and labour (as approved by UAE Labour Dept.) in the UAE. Applicants shall attach the UAE Labour Dept. Approved List.

Attachment to Section 4.

- UAE Labour Department approved labour's list.
- Plant , Machinery and Equipment list (Indicate Owned or Rented)

SECTION 5: QA / QC

1. Do you have QMS Policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, attach QMS Policy statement		
1. Do you have ISO9001 certificate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, attach ISO certificate		
3. Any other accreditation / certifications or UAE Government certifications available? e.g. HACCP, ADDC ADWEA, TADWEER, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, attach copy of certificates		

Attachment to Section 5.

1. QA/QC certificates available
2. QMS Policy Statement
3. Company Profile, Product Catalogue, Affiliation/Accreditation/ UAE Government Certificates

SECTION 6: HSE

1	Do you have a HSE management system? If Yes, attach the policy statement and table of contents of the management system.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Is your management system approved by OSHAD/ADPHC? If Yes, attach the approval certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Do you have ISO 45001 or OHSAS 18001 certification? If Yes, attach the certificate.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Do you have ISO 14001 certification? If Yes, attach the certificate.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION 7. ADDED VALUE

1. Added Value – should the Applicant consider they have anything of added value that can be brought to TIP in their respective categories, please provide details. (e.g. Working with TIP, Experience in Military Works, Special Appreciation from Clients or anything the Company may consider as an added value. .)

Certification: I, the undersigned, hereby warrant that the information provided in this form and the supporting documents is correct, and in the event of changes details will be provided as soon as possible:

Name:

Functional Title:

Signature:

Date and Seal:

Statement of Confidentiality

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SECTION 2: FINANCIAL INFORMATION

1. Balance Sheet Information (for the last 3 years)	Year 1 _____	Year 2 _____	Year 3 _____
Fixed Assets			
Current Assets			
Current Liabilities			
Paid Up Capital			
Long Term Liabilities			
2. Turnover (for the last 3 years)	Year 1 _____	Year 2 _____	Year 3 _____
Gross Income			
Net Income			
3. Bank and Branch Name			
Address:		Type of Account:	
Bank Account Name:			
4. Please provide a copy of the Company's last 3 years Annual or Audited Financial Report.			
5. Federal Tax Authority – VAT Registration Number:			

Attachment to Section 2.

1. Last 3 years' Audited Financial Statements (if not provided, please state the reasons.)
2. VAT Certificate

SECTION 3: TECHNICAL CAPABILITY AND INFORMATION ON SERVICES OFFERED

1. Provide company profile, details of the company organization and management structure.
2. Detail the staff resources and disciplines held by the company both regionally and internationally. (For **IT RELATED SERVICES** – List down applicable partnership brands, products, software, solutions, distributorship, technical support, training)
3. References (your clients, country, year and types of contracts) – Provide 3 references including company name, work provided and contact details

Client / Organization Name & address	Name of Contact Person and Telephone or e-mail if available	Project Details including Location, Completion Date and Value

4. Years of Experience in the UAE: (please tick as applicable)
 0 (< 1 year) Above 1 and up to 5 Above 5 and up to 10 Above 10 and up to 15 More than 15 years

5. Years of Experience internationally: (please tick as applicable)
 0 (< 1 year) Above 1 and up to 5 Above 5 and up to 10 Above 10 and up to 15 More than 15 years

6. **FOR CONSTRUCTION CONSULTANT ONLY:** Maximum Value of a **Single Project (Construction Project Value)** executed under Design and Supervision previously: (please tick as applicable)
 <5 Million (M) Above 5 to 10M Above 10 to 50M Above 50 to 100M
 Above 100 to 300M Above 300 to 500M Above 500M to 1 Billion (B) Above 1 B

7. **FOR CONSTRUCTION CONSULTANT / NON-CONSTRUCTION CONSULTANT / SERVICE PROVIDER:** Maximum value of a **Single Contract / Agreement Services Fee** executed previously: (please tick as applicable)
 <100 Thousand (K) Above 100K to 500K Above 500K to 1Million (M) Above 1M to 5M
 Above 5M to 10M Above 10M to 50M Above 50M to 100 M Above 100M

Attachments to Section 3:

- List of completed and ongoing projects (please follow below table format. Fill details in a separate sheet in the below format and then attach with this PQ form.)

S/n	Project Title and Scope of Work/s or Services	Client	Consultant Fee	Project Value (AED)	Project Status	Year
1.						
2.						
3.						

SECTION 4. COMPANY RESOURCES – (Please indicate if Section is “Not Applicable and provide justification why is it not applicable)

- Provide Company’s own plant, equipment and labour (as approved by UAE Labour Dept.) in the UAE. Applicants shall attach the UAE Labour Dept. Approved List.

Attachment to Section 4.

- UAE Labour Department approved labour’s list.
- Company Profile, Product/Service Catalogue, Partnership, Affiliation

SECTION 5: QA / QC

1. Do you have QMS Policy? Yes No
 If Yes, attach QMS Policy statement
1. Do you have ISO9001 certificate? Yes No
 If Yes, attach ISO certificate
3. Any other accreditation / certifications or UAE Government certifications available? e.g. HACCP, ADDC ADWEA, TADWEER, etc.
 If Yes, attach copy of certificates Yes No

Attachment to Section 5.

1. QA/QC certificates available
2. QMS Policy Statement
3. Other Accreditation or available UAE Government Certificates

SECTION 6: HSE

1	Do you have a HSE management system? If Yes, attach the policy statement and table of contents of the management system.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Is your management system approved by OSHAD/ADPHC? If Yes, attach the approval certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Do you have ISO 45001 or OHSAS 18001 certification? If Yes, attach the certificate.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Do you have ISO 14001 certification? If Yes, attach the certificate.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION 7. ADDED VALUE

1. Added Value – should the Applicant consider they have anything of added value that can be brought to TIP in their respective categories, please provide details. (e.g. Working with TIP, Experience in Military Works, Special Appreciation from Clients or anything the Company may consider as an added value. .)

Certification: I, the undersigned, hereby warrant that the information provided in this form and the supporting documents is correct, and in the event of changes details will be provided as soon as possible:

Name:

Functional Title:

Signature:

Date and Seal:

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PART B-FORM 3

SUPPLIER PREQUALIFICATION FORM

Note: When completing the PQ form, please provide the answers on the form. Additional information or supporting documents, if any, shall be attached to the form.

SECTION 1: COMPANY DETAILS AND GENERAL INFORMATION

1. Name of Company:	
2. Street Address: Postal Code: City: Country:	3. Mailing Address / P.O. Box:
4. Tel:	5. Fax:
6. Email:	7. Website:
8. Name of Contact Person : Title / Designation :	
9. Type of Business (Tick mark one only): Corporate/ Limited <input type="checkbox"/> Partnership <input type="checkbox"/> Other (specify): <input type="checkbox"/>	
10. Details of Company Shareholding	
11. Year Established :	12. Trade License No. / Business Licence No.:
13. Power of Attorney – provide POA details of company signatories	14. Place of registration: <input type="checkbox"/> Abu Dhabi <input type="checkbox"/> Others (please specify) _____
15. Name of Sponsor: Mobile No.	16. Name of Partner: Mobile No.
17. Name of Shareholder (if any): Mobile No.	18. Name of Shareholder (if any): Mobile No.

Attachments to Section 1. (Mandatory documents)

1. Company Profile, Product Catalogue, Partnership, Affiliation Certificates
2. Valid Trade License copy
3. Power of Attorney
4. Chamber of Commerce
5. Passport copy of Sponsor, Shareholder and Partner
6. Visa page copy of Shareholder and Partners (if expats)

SECTION 2: FINANCIAL INFORMATION

1. Annual Turnover in AED from the last 3 years: (a) Year 1: AED _____ (b) Year 2: AED _____ (c) Year 3: _____		
2. Bank and Branch Name Address:	4. Type of Account:	
3. Bank Account Name:		
5. Federal Tax Authority – VAT Registration Number: (Attach VAT Certificate)		

SECTION 3: TECHNICAL CAPABILITY AND INFORMATION ON SERVICES OFFERED

1. Attach Company Profile, details of the company organization and management structure.

2. Detail of products or catalogue with material specifications. Please attach

3. References (your clients, country, year and types of contracts) – Provide 3 references including company name, work provided and contact details

Client / Organization Name & address	Name of Contact Person and Telephone or e-mail if available	Project Details including Location, Completion Date and Value

4. Years of Experience in the UAE: (please tick as applicable)

0 (< 1 year) Above 1 and up to 5 Above 5 and up to 10 Above 10 and up to 15 More than 15 years

5. Years of Experience internationally: (please tick as applicable)

0 (< 1 year) Above 1 and up to 5 Above 5 and up to 10 Above 10 and up to 15 More than 15 years

6. Maximum Value of a supply in annual basis? (please tick as applicable)

< 300 Thousand (K) Above 300 to 500K Above 500K to 1 Million (M) Above 1 M

SECTION 4: QA / QC

1. Do you have QMS Policy? Yes No

If Yes, attach QMS Policy statement

1. Do you have ISO9001 certificate? Yes No

If Yes, attach ISO certificate

3. Any other accreditation / certifications or UAE Government certifications available? e.g. HACCP, ADDC ADWEA, TADWEER, etc.

If Yes, attach copy of certificates Yes No

SECTION 5. ADDED VALUE

1. Added Value – should the Applicant consider they have anything of added value that can be brought to TIP in their respective categories, please provide details. (e.g. Working with TIP, Experience in Military Works, Special Appreciation from Clients or anything the Company may consider as an added value. .)

Certification: I, the undersigned, hereby warrant that the information provided in this form and the supporting documents is correct, and in the event of changes details will be provided as soon as possible:

Name: _____ Functional Title: _____

Signature: _____ Date and Seal: _____

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