

RVICE VENDOR QUALIFICATION FORM

| □ New – applies for Pre-Qualification in the Pre-Qualification process for the first time; | | | | |
|---|---|--|--|--|
| ☐ A Renewal – applies for renewal of Pre-Qualification company has previously been or is currently Pre-Qualification. | | | | |
| ☐ An Amendment – applies for amendment to a Pre-Qualification Category for which the company is currently Pre-Qualified; or applies to be Pre-Qualified for an additional Pre-Qualification Category. | | | | |
| Section 1 – Company Information | | | | |
| Registered Name | | | | |
| Previous Registered Name (if different) | | | | |
| ACN/ABN (if applicable) | | | | |
| Registered Address | | | | |
| Telephone | | | | |
| Fax | | | | |
| Email | | | | |
| Website | | | | |
| Type of Organization (Please check one) | ☐ Sole Trader ☐ Partnership ☐ Company ☐ Trust ☐ Other – please attach details | | | |

Supplier to confirm whether this Pre-Qualification is (check one):

| What are the main business activities of your company? | | | | |
|---|---|--------------|---|----------------|
| | | | | |
| What other services of | an your compan | y provide? | | |
| | | | | |
| | | | ding on the company with poten ntracts, Awards, & Agreements). | tial |
| Instrument Title | Туре | Agreement ID | Unions Party to Agreement | Expiry Date |
| What is your minimur | n hiring age? | | | |
| Do you have a Code o similar Compliance a related policy in place | nd Ethics | | | |
| Does your company o any pending legal act | | | | |
| Has a court order or v proceedings been pas your company? | | | | |
| Has your company ev contract terminated u of a contract? | | | | |
| Section 3 – Financial Ir | formation | | | |
| If asked, would you least one of the follo | • | ride at | | |
| A copy of you accounts (for this applies) | r most recent aud the last three yea | | | |
| | f your turnover, p unt and cash flov nt year of trading | w for | | |

*Note: Financial information will be required to be provided during bid submission process

C) A statement of your cash flow

and credit position

forecast for the current year and a bank letter outlining the current cash

| Section 4 – Insurance Please provide details of your current insurance cover | | | | |
|---|---|-------------------------------------|--|--|
| | | | | |
| Workers Compensation Insurance | | | | |
| Public Liability Insurance and Product Liability Insurance | | | | |
| Goods and Transport Insurance | | | | |
| Professional Indemnity Insurance | | | | |
| *Note: Certificates of Insurance will I | be required to be pro | vided during bid submission process | | |
| *Note: Certificates of Insurance will a Section 5 – Conflict of Interest Declara Do you have any real, potential or per conflicts of interest in the Request for Proposal process or any resulting conflicts. | ation erceived or | vided during bid submission process | | |
| Section 5 – Conflict of Interest Declaration Do you have any real, potential or perconflicts of interest in the Request for | erceived or ontract? of the nature of the c | | | |
| Section 5 – Conflict of Interest Declaration Do you have any real, potential or perconflicts of interest in the Request for Proposal process or any resulting conflicts, please provide a brief outline | erceived or ontract? of the nature of the c | | | |
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| Section 6 – Sub-Contractors | |
|--|----------------|
| Do you use sub-contractors? | |
| How do you select your sub-contractors? | |
| | |
| | |
| Are our requirements communicated to your su | b-contractors? |
| | |
| Do you gudit your cub contractors? | |
| Do you audit your sub-contractors? | |
| | |
| | |

| Section 7 – Intranet Site | |
|---|---|
| We provide our new franchisees access to our vendors through an intranet site. Do yo have camera ready artwork of your produc | ou |
| We will always negotiate the best prices fo for a period of one year? | or our franchisees, are you willing to lock prices in |
| We will require a product list with negotiate this acceptable? | ed pricing to be published on our intranet site, is |
| Section 8 – Declaration | |
| | e the answers submitted in this Pre-Qualification ne information will be used in the evaluation process to ax Service's requirements. |
| Printed Name | |
| Title | |
| Date | |
| Signature | |
| Please return completed questionnaire Attention: Vendor Relations Manager Email: supplydepartment@libtax.com | and supporting documentation to: |
| Department Supervisor Approval: | |
| Date: | |
| Procurement Manager Approval: | |
| Date: | |