[form of the provider’s company]

\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ 2015

No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRE-QUALIFICATION FORM**

 Candidate should provide information that clearly demonstrates the experience gained. Please refer to Specification (Annex No 3) as to what experience is expected under each service line. Please provide a high level overview of your relevant and most recent experience up to maximum of 200 words per question.

1. **Services**

|  |  |  |
| --- | --- | --- |
| **No** | **Services** | **Time Frame***(day month, year – day month, year)* |
|  | Commercial and Corporate |  |
| *High Level Description (up to 200 word per each section)*… |
|  | Company Secretarial Services  |  |
| *High Level Description (up to 200 word per each section)*… |
|  | Employment law  |  |
| *High Level Description (up to 200 word per each section)*… |
|  | Construction, Real Estate and Environment |  |
| *High Level Description (up to 200 word per each section)*… |
|  | Public Sector Law |  |
| *High Level Description (up to 200 word per each section)*… |
|  | Taxation |  |
| *High Level Description (up to 200 word per each section)*… |
|  | Rail |  |
| *High Level Description (up to 200 word per each section)*… |
|  | Procurement  |  |
| *High Level Description (up to 200 word per each section)*… |
|  | Competition Law and State Aid |  |
| *High Level Description (up to 200 word per each section)*… |
|  | Intellectual property advise, IT law |  |
| *High Level Description (up to 200 word per each section)*… |
|  | Insurance |  |
| *High Level Description (up to 200 word per each section)*… |

1. Other Technical Capacity

|  |  |  |
| --- | --- | --- |
| **No** | **Question** | **High Level Description**  |
|  | Please provide a high level overview as to how you would provide pan-Baltic coverage for the services across the Baltic States |  |
|  | Please state the approximate number of employees that could be applied to this contract in any 12 months period and the total in the organization itself |  |
|  | Please provide brief biographical details of the key personnel to be deployed in providing services required. |  |
|  | Please provide details of all insurance cover currently in force.  |  |
|  | Please provide details of your current membership to any professional organizations (such as a Bar Association, Tax associations etc.) or any relevant certifications  |  |

 I certify that the information supplied in this form is accurate and to the best of my knowledge. I understand that at a later stage of this process the Company may ask for evidence as to the claims made by and information provided in this form. I understand that I understand and accept that false information could result in rejection of the application to be selected to take part in the tender process as well as in criminal liability under applicable laws.

**Note:** this application is to be signed by a partner, director or other authorised representative.

Signed for and on behalf of the organization

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(Position, Name, Surname) (Signature)

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