

PRE-QUALIFICATION REGISTRATION FORM FOR THIRD PARTY CONSULTANTS

GENERAL NOTES:

- Registration with RAKEZ is required for all HSE consultants who intend to work in RAKEZ jurisdictional areas. RAKEZ will maintain information on the qualifications and capabilities of registered consultants in its information system.
- Consultants who are seeking registration with RAKEZ shall submit:
 - Introduction letter addressed to RAKEZ, providing a general brief on their firm.
 - One copy of the attached questionnaire fully completed and signed by an authorised representative. Copy of the supporting documents.
- Copy of duly filled form should be sent through e-mail to hse@rakez.com. HS&E reserves the right to require additional information (if necessary).
- Application fees will be applied in accordance with the [HSE Service Fees](#).

1. GENERAL INFORMATION

Requester Name: _____ Date of Request: _____

Mobile Number: _____ Email ID: _____

Application Type: New Application Additional Activity Amendment Renewal

1.1 Name of the Company:

1.2 Address:

Street: _____ Postal / Zip Code: _____

City: _____ Country: _____

1.3 Name of the Manager:

Phone: _____ Email: _____

1.4 Bank Name:

Bank Address: _____ Contact Person: _____

TRN Number: _____ Contact Number: _____

2. RANGE OF ENGINEERING SPECIALTIES

Please mark down on the table the type of services offered with respect to each discipline which best describes your consultancy services in accordance with your commercial registration certificate. Please indicate ONLY the services for which you would like to apply and which you have appropriate experience and expertise, which can be verified by RAKEZ.

TYPE OF ACTIVITIES PROVIDED:

DISCIPLINES		
Lifting Equipment Testing and Certification	Training related to Lifting Equipment Operation	Occupational Health, Safety, and Environment (OHSE) Process Auditing
Lifting Accessories Inspection and Certification	General Safety Awareness	Risk Assessment Study – Occupational Health & Safety
Pressure Vessels Testing and Certification	Basic First Aid	Risk Assessment Study – Chemical
Scaffolding Testing and Certification	Training related to Scaffolding	Risk Assessment Study – HAZOP

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3. OPERATING RESOURCES

Please provide details of the operating resources available within your firm.

DETAILS	LOCAL OFFICES	GCC OFFICES	GLOBAL OFFICES
Location			
Google Map-GPS* location			
Years of Experience			

GPS* - Global Positioning System, use Google Maps to identify the office location and get the GPS coordinates.

4. HUMAN RESOURCES

Number of Technical Staff:

Number of Administration Staff:

4.1 Resume for Trainers / Inspectors (submit resume with below minimum information):

Position / Designation	Education (state the name of institution, its location and year of qualification obtained)
Name	Experience with Current Company
Date of Birth	Work Experience in the UAE, Gulf and in Other Countries
Nationality	Membership of Professional Societies
Current Base Address	Language and Decree of Proficiency

5. EXPERIENCE / PAST PERFORMANCE OF THE CONSULTANCY COMPANY

Please provide details of involvement in 5 major projects

S.N.	CLIENT NAME	LOCATION	SCOPE	NUMBER OF SERVICES PROVIDED
1				
2				
3				
4				
5				

6. ORGANISATION & MANAGEMENT

PLEASE INDICATE THE DOCUMENTS THAT HAVE BEEN ATTACHED IN THIS APPLICATION	
UAE Trade Licence	Public Liability/Professional Indemnity Insurance
Prequalification's with International Gulf/UAE Organisation	Occupational Health, Safety, and Environment ISO Accreditation
Organisation Chart	HSE Manual

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DECLARATION – BLACKLISTING, LITIGATION & CONFLICT OF INTEREST

1. We, hereby declare that our company/ employees of the company, has never been blacklisted or litigated by any
2. We will not accept any consultancy works to be conducted by our sister company or any company that is related to our firm in any way or where conflict
3. Our management does not have any direct relation to any RAKEZ employee/s up to the fourth degree.
4. Our management has a direct relation to a RAKEZ employee/s.

Please provide the details of direct relation with RAKEZ employees if the #3 in the above declaration has not been selected.

S.N.	Employee Name	Degree of Relation
1		
2		
3		

Authorized Person Signature