

Subcontractor Questionnaire



BYRNE | GROUP

BYRNE BROS. | ELLMER | CHORUS
TOUCHWOOD | THORN



www.byrnegroup.co.uk

1. GENERAL COMPANY INFORMATION		
1.1 Company Details		
Company Name:		
Other Trading Name(s) if applicable:		
Address:		
Telephone No:		
Fax No:		
General e-mail address:		
Web Page:		
Company Registration No:	Date of Registration:	
1.2 Registered Address (If different from above)		
1.3 Parent / Holding Company Details (If Applicable)		
Company Name:		
Address:		
Telephone No:		
Fax No:		
General e-mail address:		
Web Page:		
Company Registration No:	Date of Registration:	
1.4 Company Contacts	Name	Email / Contact Number
Managing Director:		
Overall Responsibility for Tendering & Estimating:		

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2.3 Please tick / indicate your geographic work areas			
South East:		South West:	
Midlands:		North East:	
North West		Other:	
2.4 Sector of work – Please indicate % of turnover in the following sectors			
Commercial Offices:	%	Retail:	%
Leisure/Hotel:	%	Education:	%
Residential:	%	Conservation & Heritage:	%
Healthcare & Pharmaceutical:	%	Banks:	%
Airport:	%	Rail:	%
2.5 Project References Please list three previous projects that you consider best represent your Company's capabilities:			
Project 1:			
Value:	Referee Name:		
	Referee Company:		
	Tel No:		
Completion date:			
Nature of work undertaken:			
Project 2:			
Value:	Referee Name:		
	Referee Company:		
	Tel No:		
Completion date:			
Nature of work undertaken:			
Project 3:			
Value:	Referee Name:		
	Referee Company:		
	Tel No:		
Completion date:			
Nature of work undertaken:			

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3. FINANCIAL INFORMATION			
3.1 Turnover		State month of reporting year end:	
	Last Year (Year: 20__)	Current Year (Year: 20__)	Next Year (Year: 20__)
Company			
Parent / Holding (If applicable)			
3.2 Profit before tax			
	Last Year (Year: 20__)	Current Year (Year: 20__)	Next Year (Year: 20__)
Company			
Parent / Holding (If applicable)			
3.3 Amount stated on balance sheet			
	Last Year (Year: 20__)	Current Year (Year: 20__)	Next Year (Year: 20__)
Company			
Parent / Holding (If applicable)			
3.4 CIS, VAT & Bank Details			
3.4.1 Does your organisation operate within the CIS scheme? If so, please provide the following information			
Inland Revenue UTR No:			
Inland Revenue District Office:			
3.4.2 VAT Registered No: (If applicable)			
3.4.3 Bank Details			
Bank Name:			
Bank Address:			
Sort Code:			
Account Number:			
3.5 Address for payment to be sent:			
3.6 Would your Company provide Performance Guarantee Bonds?			
3.7 Would your Company provide a Parent Company Guarantee? (If Applicable)			
3.8 Would your Company enter into Collateral Warranties?			

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3.9 Insurances				
	Insurer	Policy Number	Cover Value	Expiry Date
Public Liability				
All Risks				
Employers Liability				
Professional Indemnity				
Products Liability				

4. RESOURCE AND TECHNICAL CAPABILITY			
4.1 For the activities listed, please provide details of the numbers of directly employed staff			
Tendering & Estimating:	No.	Contract Management:	No.
Project / Site Management:	No.	Site Supervision (Part Working):	No.
Skilled Tradesmen:	No.	Operatives:	No.
Apprentices / Trainees:	No.	Commercial / Surveying:	No.
Health, Safety & Environmental:	No.	Design:	No.
Procurement:	No.	Administration:	No.
Total Direct Employees:	No.		
4.2 Please state what services you normally sub-contract:			

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<p>4.3 Please confirm that all / any sub-contractors employed by yourselves would be:</p> <ul style="list-style-type: none"> ▪ Suitably experienced ▪ Properly qualified ▪ Have access to all contract documentation enabling them to fully appreciate all aspects of the works required by them ▪ Able to demonstrate the ability and resources to meet the requirements of any contract
<p>4.4 Please state your own manufacturing capabilities:</p>
<p>4.5 Please state your design capabilities and note if any of these are outsourced:</p>
<p>4.6 Are you able to receive documentation in an electronic format e.g. Tender Enquiries, Drawings, Specifications, etc.</p>

5. MANAGEMENT PROCEDURES (QA)	
Following completion of this section of the questionnaire, you may be asked to participate in an audit which is designed to further inform us about your Companies' procedures.	
5.1 Do you operate a management system?	
5.2 Does it meet the requirements of the ISO 9001?	
5.3 If you have been successfully assessed by an accredited third party certification body please give the following details:	
Name of certification body:	
Date of initial assessment:	
Certificate number and expiry date (if any):	
Scope of certification and works locations covered:	

6. ADDITIONAL INFORMATION

- Please provide any other useful information or material that further demonstrates your companies' capabilities.