



CONTRACTOR AND CONSULTANT ACCREDITATION QUESTIONNAIRE

Contractor and Consultant Accreditation Questionnaire



AGREEMENT

NOTICE FROM MAYNILAD

1. Maynilad is authorized to collect personal information directly from the contractor through this questionnaire. Maynilad reserves the right to use the collected information from the questionnaire and supporting documents at the Company's own discretion, with regard to the accreditation process.
2. Maynilad shall operate and hold personal data under strict confidentiality if the data are not intended for public disclosure as declared by the contractor and/or specifically covered by a separate written confidentiality agreement prepared by the contractor.
3. Maynilad does not guarantee invitation to biddings or awarding of projects after a contractor completes the accreditation process. The evaluation of the contractor submittals shall only determine the type of project the contractor shall be qualified to bid, only if the contractor passes the accreditation process. This Contractor Accreditation Questionnaire is for Maynilad Contractor Management information purposes only.
4. Maynilad reserves the right to reject any and all submittals at its sole discretion. Maynilad is authorized to remove and/or disregard applications from blacklisted contractors and new applicants that do not meet Maynilad Company Standards.
5. Maynilad shall not be responsible for costs and expenses incurred by the contractor during accreditation. Any reimbursements of expenses shall not be entertained.
6. Maynilad reserves the right to contact all references provided by the contractor to verify authenticity of submittals and claims, visit any contractor work locations, and interview any contractor personnel during the entirety of the accreditation period. Refusal of the contractor to allow Maynilad to probe contractor activities during accreditation shall put the accreditation on hold or, in a case to case basis, shall lead to the cancellation of the contractor application.
7. I have read, understood, and committed to support the Quality, Sustainability, and Resiliency Policy, the Governance Policy, and the Vendor Code of Conduct.

DECLARATION

I attest that my participation in the Maynilad Accreditation is voluntary. I declare that I have the proper authority to disclose the relevant information contained within.

I hereby declare that the information supplied in this application, including all the attachments, are true and correct, and the testimonials, certificates, letters of authorization and documents as given by the persons whose names appear on them and submitted with this application are true and genuine.

I understand how the personal information content in this application will be used and I consent to the use, transfer, and disclosure of the information for legitimate business purposes of Maynilad and in connection with a potential business relationship with my company.

I understand that any misrepresentation of information here and any effort to influence the Maynilad representative's decision in the evaluation of my application will put me and my company in the Maynilad Blacklist. I recognize that Maynilad reserves the right to hold legal implications for unlawful activities my company shall be involved in, in connection to the accreditation process.

Date Signed:		E-Signature:	
Name:			
Designation:			

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CORPORATE INFORMATION

Provide the following information about your Company.

Company Name:						
Established as:	Corporation Partnership Individual	Joint Venture Affiliate National Company	Contractor Group			
Services: (please select all that applies)	Type 1 – Primary pipelaying (400mm and above) including maintenance work Type 2 – Secondary and tertiary pipelaying (400mm and below) including maintenance work Type 3 – Waste water facilities and conveyance – Construction of reservoir and pump stations Type 4 – Buildings / offices / warehouses – Rehabilitation and refurbishment of facilities including specialty projects Type 5 – Automation and instrumentation works – Information and technology works Type 6 – Consultant					
Specify one (1) expertise among the services selected:	Type 1	Type 2	Type 3	Type 4	Type 5	Type 6
If applicable, list your "other" services:						
Registered Address:	Country	City/Municipality	No.	Street	Barangay	
	Other					
Main Office Mailing Address:	Country	City/Municipality	No.	Street	Barangay	
	Other					
Warehouse Address:	Country	City/Municipality	No.	Street	Barangay	
	Other					
Postal Code:						
Phone Number 1:		Phone Number 3:				
Phone Number 2:		ISO Certification				
Email Address: someone@gmail.com		Website Address: www.sample.com				
SEC/DTI Certificate No.:		Tax Identification No.:				
PCAB Certification (AAAA,AAA,AA, etc.)		PCAB License Number:				
SSS Employer Number:		Philhealth Employer Number:				

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All contractors or consultant must accomplish the questionnaire and submit the required documents specified below. Failure to complete this questionnaire in full may affect the evaluation. Incomplete submittals shall put the accreditation process on hold.

1. Maynilad Contractor or Consultant Accreditation Questionnaire;
2. Company Profile
3. General Information Sheet (GIS) (if applicable)
4. Philippine Contractors Accreditation Board ("PCAB") License (if applicable)
5. SEC/DTI Certificate of Registration
6. BIR Certificate of Registration
7. Authority of the Signatory(ies) of the Contractor or Consultant
8. Audited Financial Statements for the last three (3) years as submitted to the Bureau of Internal Revenue (BIR)
9. Credit Line (from reputable bank and accredited supplier of the Company)
10. List of on-going and completed projects for the last five (5) years
11. List of key manpower and equipment
12. Governance Requirements (e.g. Anti-Fraud Declaration, certification whether or not it employed a former Maynilad Employee)

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FINANCIAL AND LEGAL

Provide your company's financial statements* (including balance sheet, income statement, and cash flow statements) as submitted to the Bureau of Internal Revenue (BIR).

*From the last three (3) years for new applicants

*From the latest year for accredited contractors

REQUIREMENTS				REMARKS
a.	Audited Financial Statement	Yes	No	
b.	Annual Income Tax Return	Yes	No	

Summarize information found in the latest Financial Statement duly audited by an accredited auditor of the Securities and Exchange Commission (SEC).

Statement Year:
Total Current Asset:
Total Current Liabilities:
Total Asset:
Total Liabilities:
FCC (CA-CL)*4:
GFCC (FCC + Credit Line):

Attach the corresponding certificate of bank or supplier.

See sample summary below.

Bank / Supplier	Name	Amount

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EXPERIENCE

Indicate total number of years your company has been in the industry.

Indicate total number of years your company has worked with Maynilad.

List down and provide the necessary information on all on-going and completed projects within or outside Maynilad for the last five (5) years. Include relevant projects that exhibit similar experience with project types your company is seeking an accreditation for. Attached the list as annex. See sample details that needs to be indicated in the list.

Attach the corresponding certificate of completion for each project.

Project Name	Project Details	Status	Contract Amount	Year of Completion	Name and contact information of Client

PROJECT MANAGEMENT

Provide the following information on the key personnel named on the organizational chart with the following job titles listed below. The requirements you need to comply are based on the type you applied.

Minimum Requirements						
Manpower	Type 1	Type 2	Type 3	Type 4	Type 5	Type 6
Project Manager	1	1	1	1	1	
Construction Manager	1	0	1	1	0	
Project Engineer	4	2	3	2	2	
Safety Officer Must be certified by BWC of DOLE	2	1	2	1	1	
Pollution Control Officer Must be accredited by DENR	1	1	1	1	1	
QA/QC	2	1	2	1	1	
Materials Engineer Must be accredited by DPWH	1	0	1	1	0	
Office Engineer	4	1	2	1	1	
Foreman	2	2	2	2	2	
Equipment Operator Must be accredited by TESDA	*	*	*	*	*	
Welder Must be accredited by TESDA	*	*	*	*	*	
Pipe Fitter	2	4	0	0	0	

Attached the list as annex. See sample details that needs to be indicated in the list.

Job Title	NAME	Years of Experience

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PROCUREMENT, MATERIALS, AND EQUIPMENT

Provide a copy of your vehicle / equipment proof of ownership and maintenance / service program.

REQUIREMENTS		REMARKS
a. Equipment proof of ownership	Yes No	

Provide the necessary information regarding your major construction equipment currently in your inventory. The requirements you need to comply is based on the type you applied.

Minimum Requirements						
Equipment	Type 1	Type 2	Type 3	Type 4	Type 5	Type 6
Service Vehicle	2	2	2	2	1	
Concrete Cutter with Machine Guard	4	4	4	0	1	
Compressor with Jack Hammer	4	4	4	1	1	
Backhoe and/or with Breaker	2	1	2	1	0	
Dump Truck (Ten Wheeler)	4	0	4	0	0	
Truck (Long Bed) with Boom	1	1	1	0	1	
Mini Dump Truck (Six Wheeler)	5	5	5	2	1	
Loader	1	1	1	1	1	
Welding Machine	4	1	4	2	2	
Water Pump Minimum 6" Diameter	1	0	1	0	0	
Water Pump Minimum 2" Diameter	4	4	4	2	2	
Motorized Pressure Pump with Gauge	2	2	2	0	0	
Roller Compactor (Walk Behind)	1	1	1	1	1	
Plate Compactor / Tamping Rammer	2	1	2	1	1	
Concrete Vibrator	2	1	2	5	1	
Concrete Mixer (1 Bagger)	1	1	1	2	1	
Disinfection Kit	1	1	1	0	1	

Attached the list as annex. See sample details that needs to be indicated in the list.

Equipment	Brand / Type	Plate No. / Serial No.	Year Model

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SAFETY

Provide a copy of your corporate Environment, Safety, and Health (ESH) Policy and Procedure.

REQUIREMENTS		REMARKS
a. ESH Policy and Procedure	Yes No	

QUALITY

Provide a copy of your company's work instructions / procedures / policies / quality manual and quality assurance program (including an internal audit schedule of the quality assurance system).

Place response (description, supporting information, and/or comments) here:

SUBCONTRACTING

Provide a list of the types of work that your company typically subcontracts and the corresponding companies you have recently used for these activities. Please indicate all subcontractors contracted within the past five (5) years.

Type of Work	Company Subcontracted	Year

RISK MANAGEMENT

Provide a copy of your company's Risk Management Plan during the implementation of a project.

REQUIREMENTS		REMARKS
a. Risk Management Plan	Yes No	

Describe your company's Risk Assessment Techniques and provide an example where you have applied these techniques during a project. Provide necessary documents to support your claim.

Place response (description, supporting information, and/or comments) here:

Describe your company's Risk Contingency Plan and provide an example where you have applied this plan. Provide necessary documents to support your claim.

Place response (description, supporting information, and/or comments) here: