

PQQ FOR MVIS LTD

TO BE COMPLETED BY APPLICANT

1.0	APPLICANT DETAILS
1.1	Trading Name of the Organisation:
1.2	Contact name:
1.3	Contact position (Job Title):
1.4	Address:
	Postcode:
1.5	Telephone Number(s):
1.6	E-mail address:
1.7	Website address (if any):
1.8	Registered Name of Organisation:
1.9	Registered Address:
	Postcode:
1.10	Company Registration No:
1.11	Date of Formation and/or Registration:
1.12	VAT Registration Number:
1.13	Bank Name:
	Account Name:
	Account Number:
	Sort Code:

2.0	STATUS OF APPLICANT	
2.1	Is the Applicant (<i>Please tick as appropriate</i>):	
	i) A Public Limited company?	
	ii) A Limited Company	
	iii) A Company Limited by Guarantee	
	iv) A Partnership?	
	v) A Sole Trader?	
	vi) A Charity	
	vii) A Franchise	
	viii) A Small/Medium Sized Enterprise or SME?	
	ix) Other (e.g.: a Special Purpose Vehicle, Joint Venture Company etc) <i>Please specify</i>	
2.2	Are you applying as the lead organisation in a Joint Venture of organisations?	YES / NO

If YES to 2.2, please set out here who the member organisations of the Joint Venture are, what their respective roles will be and state when the Joint Venture was formed:

3.0 OWNERSHIP

3.1	Is the Applicant a subsidiary of another company as defined by Section 736(1) of the Companies Act 1985?	YES / NO
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If YES to 3.1, give the following details in respect of the Holding/Parent company:

Registered Name:

Registered Office address:

Registration Number:

Note: The Holding/Parent Company may be required to enter into a Deed of Guarantee, where a contract is proposed with a subsidiary to indemnify against all losses, damages, costs which may be incurred by reason of any default on the part of the applicant.

3.2	Please give details of any changes of ownership in the last 3 years				
3.3	Number of Employees in total:				
		Management	Staff		
	Currently:				
	Last year				
2 years ago,					
4.0	FINANCIAL AND INSURANCE MATTERS				
4.1	Please complete the table below using figures from your last three years financial accounts:				
	Financial Year <i>(please enter the appropriate years/dates for your organisation)</i>	<u>Period Ended</u> DD/MM/YY	<u>Period Ended</u> DD/MM/YY	<u>Period Ended</u> DD/MM/YY	
	Turnover	£			
	Pre-Tax profit / loss	£			
	What is your present cashflow and credit position?	Cash (overdraft) £ at DD/MM/YY.	Credit Facility £ at DD/MM/YY		
4.2	Are your accounts externally audited?		YES NO		

	If NO, please state the reason why.	
4.3	If asked, would you be able to provide at least ONE of the following:	
	A copy of your most recently audited accounts (for the last three years, if this applies)?	YES / NO
	A statement of your turnover, profit & loss account and cashflow for the most recently year of trading?	YES / NO
	A statement of your cashflow forecast for the current year and a bank letter outlining the current cash and credit position?	YES / NO
4.4	Has your organisation met the terms of its banking facilities and loan agreements (if any) during the past year?	YES / NO
	If NO, what were the reasons and what has been done to put things right?	
4.5	Has your organisation met all its obligations to pay its creditors and staff during the past year?	YES / NO

	If NO please explain why not		
4.6	Please provide details of all insurance cover currently in force:		
	PUBLIC LIABILITY INSURANCE £10,000,000.00		
	Level of Cover held	£	
	Name of Insurance Company		
	Policy No:		
	Expiry Date		
	Copy attached as evidence of the cover stated <i>(please tick box as applicable)</i>	photocopy	Electronic
	EMPLOYERS LIABILITY INSURANCE £10,000,000.00		
	Level of Cover held	£	
	Name of Insurance Company		
	Policy No:		
	Expiry Date		
	Copy attached as evidence of the cover stated <i>(please tick box as applicable)</i>	Photocopy	Electronic

PRODUCT LIABILITY INSURANCE £10,000,000.00		
Level of Cover held £		
Name of Insurance Company		
Policy No:		
Expiry Date		
Copy attached as evidence of the cover stated		
<input type="checkbox"/> Photocopy <input type="checkbox"/> Electronic		
<i>(please tick box as applicable)</i>		
4.7	If your organisation's application is successful, adequate insurance cover will be required.	YES / NO
4.8	Please state whether there are any outstanding insurance claims against your organisation(s) (other than for routine matters)	YES / NO
If YES to 4.8, please provide brief details:		

4.9	<p>MVIS LTD Policy on taking references</p> <p>It is the responsibility of the Applicant to ensure that all referees are current, available, able and willing to provide references on request. We will require references returned within 10 Days.</p> <p>Please provide the names and contact details (including telephone numbers and email addresses) for two trade contracts that are relevant.</p>
4.10	<p>REFEREE 1</p> <p>Customer Organisation Name</p> <p>Customer Contact Name:</p> <p>Customer Contract Phone No:</p> <p>Customer Contact Fax No:</p> <p>Customer Contact Email address:</p> <p>Customer Contact postal address:</p> <p>REFEREE 2</p> <p>Customer Organisation Name</p> <p>Customer Contact Name:</p> <p>Customer Contract Phone No:</p> <p>Customer Contact Fax No:</p> <p>Customer Contact Email address:</p> <p>Customer Contact postal address:</p>

	If you cannot provide Two references, please explain why below:	
5.0	QUALITY PROCEDURES & CONTRACT MANAGEMENT	
5.2	Does your organisation have a formal documented quality system?	YES / NO
5.3	Does your organisation hold a recognised quality management certificate, eg: BS/EN/ISO9001 or equivalent.	YES / NO
	<p>If YES to 5.3 please state which body your certification exists with, the date until which the Certificate is valid and provide a <u>COPY</u> with your Application.</p> <p>If you do not have quality certification or quality management system, please explain why:</p>	

5.1	Is your organisation corporately a member of, or accredited by, a recognised industry association(s)?	
	If YES to 5.2 please provide Membership/Accreditation Certificates to evidence this (where applicable)	
6.0 ENVIRONMENTAL MANAGEMENT		
6.1	Is it your policy to comply with the statutory duty of care in respect of waste management, imposed by the Environmental Act 1990 and any subsequent legislation?	YES / NO
6.2	Does your organisation have a written environmental management policy?	YES / NO
	If YES please provide a <u>COPY</u> with application	
	If NO please give reasons	

6.3	Does your organisation have an environmental management system?	YES / NO
6.4	Is your organisation corporately a member of, or accredited by, recognised industry association(s), for example, EMAS, ISO 14001, etc?	YES / NO
If YES, please state which body your certification exists with, the date until which the Certificate is valid and provide a COPY with your Application Form		
6.5	For questions (a)-(f) below, please describe your approach to managing the environment (appropriate to the scale of your own organisation), e.g.. Examples of what your organisation has done, or is planning to do, to improve environmental performance in the areas below. We do not require a copy of your environmental management system	
	a) Wide use of energy, water and other natural resources;	
	b) Emissions to air, water and land (including vehicles)	
	c) Waste reduction and recycling	
	d) Adaption to climate change	
	e) Bio-diversity	
	f) Reducing carbon emissions	

6.6	Has your organisation participated in any environmental schemes or initiatives in the last 3 years?	YES / NO
If YES, please detail below:		
6.7	Do you check the environmental performance of your suppliers?	YES / NO
If YES, please detail how below and outline the steps subsequently taken to ensure that you comply with environmental legislation. This should include examples of procedures and/or staff training records.		
6.8	Has your organisation (ever/within the last 10 years) had legal action taken against them under environmental legislation, including prosecutions, civil court actions or notices served by the Environmental Agency, local authorities or HM Inspectorate or Pollution?	YES / NO

	<p>If YES, are you able to demonstrate the steps you have taken in response to this legal action, to ensure you comply with environmental legislation?</p>	
7.0	HEALTH AND SAFETY	
7.1	<p>Do you currently hold any external health and safety accreditations, such as Achillies, Constructionline or ISO, or equivalent?</p>	<p>YES / NO</p>
<p>If YES, please provide the following details:</p>		
<p>Name of Accrediting Organisations:</p>		
<p>Your Accreditation Reference No:</p>		
<p>Date Accreditation Valid Until:</p>		
<p>Have you applied for membership if you are not already a member?</p>		<p>YES / NO</p>
<p><i>Please provide a copy of your accreditation certificate with your Application Form</i></p>		
7.2	<p>Does your organisation have a written Health and Safety at Work policy?</p>	<p>YES / NO</p>

	<p>If YES, please provide an up to date copy which should not be more than two years old) of your Health & Safety General Policy Statement, signed and dated by your Chairman, Chief Executive, Managing Director or Company Secretary</p> <p>Note: Please DO NOT SUBMIT your full Health & Safety Policy or Manual</p>
	<p>If NO, please explain why not</p>
7.3	<p>Does your organisation have a Health & Safety at Work system?</p> <p style="text-align: right;">YES / NO</p>
	<p>If NO, please explain why not</p>
7.4	<p>Please detail any Health & Safety Executive/Local Authority enforcing Action (e.g. Prosecution or issue of Improvement or Prohibition Notices) taken against your organisation in the past 3 years?</p> <p style="text-align: right;">YES / NO</p>

	<p>If YES, what action has been taken within the organisation to remedy enforcing Action(s) and prevent similar occurrence in the future?</p>	
7.5	<p>Who is your "Competent Person" for provision of health and safety advice, as required by the Management of Health and Safety at Work Regulations 1992? If external consultants, please provide the name and address of the organisation and the name of the consultant):</p>	
	Name	
	Position	
	Telephone No:	
	Email address:	
8.0	EQUAL OPPORTUNITIES	
8.1	<p>Is it your policy as an employer to comply with your statutory obligations to staff and applicants for employment under the equality and non-discrimination laws (Equality Act 2010)?:</p>	YES / NO
8.2	<p>In the last three years has any finding of unlawful discrimination or other breach of these laws been made against your organisation by any court or industrial tribunal?</p>	YES / NO

8.3	In the last three years has your organisation been the subject of formal investigation by the Commission for Racial Equality, The Equal Opportunities Commission or the Disability Rights Commission on grounds of alleged unlawful discrimination?	YES / NO
8.4	If you answered yes to question 2, or, in relation to question 3 a commission made a finding adverse to your organisation, what steps did you take to address that finding?	
8.5	<p>Does your company have an equal opportunities at work policy?</p> <p>If so please provide a <u>COPY</u> with your application.</p> <p>If NO, please explain why not.</p>	
9.0 Modern Slavery Act 2015		
9.1	<p>Do you have a written policy and procedure to address modern slavery, human trafficking, and ethical trading?</p> <p>If Yes please provide a <u>COPY</u></p>	YES / NO
9.2	Do you provide training to employees and management on modern slavery?	YES / NO

	<p>If YES please provide supporting evidence</p> <p>If NO please explain why not.</p>	
9.3	<p>Do you have procedures to identify and manage modern slavery risks, including in recruitment sources?</p> <p>If YES please provide supporting evidence</p> <p>If NO please explain why not.</p>	YES / NO
9.4	<p>Do you ensure that suppliers comply with your policies?</p> <p>If YES please provide supporting evidence</p> <p>If NO please explain why not.</p>	YES / NO

9.5	<p>Do you publish an annual statement on slavery and human trafficking?</p> <p>If YES please provide supporting evidence with your application</p> <p>If NO please explain why not.</p>	<p>YES / NO</p>
9.6	<p>Do you have a senior staff member responsible for driving forward efforts to eliminate modern slavery?</p> <p>If YES please provide contact details:</p> <p>Name:</p> <p>Telephone No:</p> <p>Email:</p> <p>If NO please explain why not.</p>	<p>YES / NO</p>

10.0 CYBER ESSENTIALS		
10.1	<p>Do you have security accreditations such as UK Cyber Essentials, Cyber Essentials Plus</p> <p><i>If YES Please Supply a copy</i></p>	YES / NO
10.2	<p>Do you have a dedicated cybersecurity team, and who is responsible for security?</p> <p>If Yes please provide contact details</p> <p>Name:</p> <p>Position:</p> <p>Telephone:</p> <p>Email:</p>	YES / NO
10.3	<p>What is your incident response plan?</p>	
10.4	<p>Are your security policies accessible to everyone affected?</p>	YES / NO

11.0 BUSINESS CONTINUITY		
11.1	What is your approach to Risk Management?	
11.2	Do you have a formal Business Continuity Management Programme?	YES / NO
	If YES, please outline the process and describe any actions undertaken within 12 months and the outcomes of such actions.	
11.3	Within the last 3 years have there been any occasions when your business operation has been disrupted?	YES / NO
	If YES, what were the circumstances and what was the effect upon your customers?	

11.4	Do you have a strategy for ensuring continuity of supply from your critical suppliers?	YES / NO
	If YES, please outline your strategy	
11.5	Who is responsible for Business Continuity within your organisation?	
	Name Position Telephone No: Email address:	

11.6	Please describe your strategy for ensuring that the described services are delivered in the event of a disruption affecting your business
11.7	In the event of a disruption, who would be the person responsible for managing your company's response?
11.8	In the event of a disruption, what would be the trigger point for you to contact the authority, and how would you keep the authority updated?

12.0 COMPLIANCE WITH CONTRACT REGULATIONS					
12.1	Has your organisation or any of its directors or any other person who has powers of representation, decision or control of the organisation been convicted of any of the following offences:				
	<table border="1"> <tr> <td>Conspiracy within the meaning of Section 1 of the Criminal Law Act 1977</td> <td>YES / NO</td> </tr> <tr> <td>Corruption within the meaning of Section 1 of the Public Bodies Corrupt Practices Act 1889, Section 1 of the Prevention of Corruption Act 1906</td> <td>YES / NO</td> </tr> </table>	Conspiracy within the meaning of Section 1 of the Criminal Law Act 1977	YES / NO	Corruption within the meaning of Section 1 of the Public Bodies Corrupt Practices Act 1889, Section 1 of the Prevention of Corruption Act 1906	YES / NO
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Corruption within the meaning of Section 1 of the Public Bodies Corrupt Practices Act 1889, Section 1 of the Prevention of Corruption Act 1906	YES / NO				

	The offences UNDER THE Bribery Act 2010	YES / NO
	Fraud, where the offence relates to fraud affecting the financial interests of the European Communities as defined by Article 1 of the Convention relating to the protection of the financial interests of the European Union, within the meaning of:	
(i)	The offence of cheating the Revenue	YES / NO
(ii)	The offence of conspiracy to defraud	YES / NO
(iii)	Fraud or theft within the meaning of the Theft Act 1968 and the Theft Act 1978	YES / NO
(iv)	Fraudulent trading within the meaning of Section 458 of the Companies Act 1985	YES / NO
(v)	Defrauding HM Revenue & Customs within the meaning of the Customs & Excise Management Act 1979 and the Value Added Tax Act 1994	YES / NO
(vi)	An offence in connection with taxation in the European community within the meaning of section 71 of the Criminal Justice Act 1968	YES / NO
(vii)	Destroying defacing or concealing of documents or procuring the extension of a valuable security within the meaning of Section 20 of the Theft Act 1968	YES / NO

	<p>Money laundering within the meaning of the Money Laundering Regulations 2003</p>	<p>YES / NO</p>
	<p>For anywhere where the answer is YES, please give brief details below:</p>	
<p>12.2</p>	<p>In accordance with the Regulations (Appendix B) do any of the following apply to your organisation or to (any of) the Director(s)/Partners/Proprietor(s)?</p>	
	<p>Is in a state of bankruptcy (if an individual) insolvency, compulsory winding up (other than for the purpose of bona fide reconstruction or amalgamation), administration, receivership, composition with creditors or an analogous state, or subject to relevant proceedings, or any similar procedure under national laws and regulations</p>	<p>YES / NO</p>
	<p>Has been convicted of a criminal offence related to business or professional conduct</p>	<p>YES / NO</p>
	<p>Has been guilty of grave misconduct in the course of business (or if an individual, in the course of his profession)</p>	<p>YES / NO</p>

	Has not fulfilled obligations relating to payment of social security contributions, in accordance with the legal provisions of the country in which you are established or with those of the country of the contracting authority	YES / NO
	Has not fulfilled obligations relating to payment of taxes, in accordance with the legal provisions of the country in which you are established or with those of the country of the contracting authority	YES / NO
	Is guilty of serious misrepresentations in supplying information required by the Authority under the regulations	YES / NO
	Is not in possession of relevant licences or not a member of the appropriate organisation where required by law	YES / NO

If the answer to any of the above is YES, please provide details here including what has been done to put things right.

DECLARATION

Please read and sign the section below

TO MVIS LTD:

I / We certify that the information supplied is accurate to the best of my / our knowledge and I / we accept the conditions and undertakings requested in the questionnaire. I / We understand that false information could result in my / our rejection.

I / We understand that my / our responses to the questions posed in this document, including any explicit or reasonably implied undertakings, will form part of any contract subsequently entered in to between myself / ourselves and MVIS LTD.

Signed	
Date:	
Name of signatory <i>(please print)</i>	
Position	
Name of Organisation	

The undertaking should be signed by a director, partner or other senior authorised representative in her / his own name and on behalf of the organisation.

Freedom of Information Act 2000/ Environmental Information Regulations 2004

Information in relation to this application may be made available on demand in accordance with the requirements of the above act/ Regulations. *Applicants should state if any of the information supplied by them is confidential or commercially sensitive and why they consider it to be so on a separate sheet.*

This will not guarantee that the information will not be disclosed but will be examined in the light of the exemptions and exceptions provided under the legislation. It is important to note that information may be commercially sensitive for a time but afterwards it may not be. The timing of any request for information may be extremely important in determining whether or not information is exempt. However, Applicants should note that no information is likely to be regarded as exempt forever.

MVIS LTD ENCLOSURES CHECKLIST

To ensure your application is evaluated properly MVIS needs to have a complete response from you.

Before returning this form, please check you have answered all questions applicable to you and ensure that you have enclosed all relevant documents by completing the checklist below.

Please tick appropriate box where you have enclosed the document, if applicable, and put N/A where the question does not apply to you.

CHECKLIST:

Question Number	Document(s)	Tick or N/A
4.6	All appropriate Insurance Certificates	
4.10	Two appropriate referees with full contact details, or an explanation as to why not provided if not available.	
5.2	Quality Assurance System Certificate	
5.3	Membership / Accreditation Certificates to Industry Associations	
6.2	Environmental Management Policy	
6.4	Environmental Management System Certificate	
7.1	Health & Safety Accreditation Certificate	
7.2	Health & Safety Policy <u>Statement</u> (<i>not more than 2 years old, signed by the Chairman, Chief Executive MD or Company Secretary</i>)	
7.5	Details of Health & Safety Executive / Local Authority Enforcing Action(s)	
8.5	Equal opportunities at work policy	
9.1	Modern Slavery Act 2015 policy	
9.2	Modern Slavery training for Management & Staff	
9.3	Modern Slavery Risks	
9.4	Supplier Policy Compliance	

9.5	Slavery & Human Trafficking Annual Statement	
10.1	Cyber Essentials accreditation certificate	
Please also ensure that you have:		Tick below
Signed the Declaration on the preceding page		
Retained a copy of the document for your records, accessible to the person dealing with correspondence relating to this application		
Only provide the documents required for this application, <u>NOT</u> full copies of supporting documents e.g. entire H&S policies etc. (which we may request at a later stage)		