Suitability Assessment Questionnaire

for Apartment Development at 14-15 Fitzwilliam Quay, Dublin 4

PART 2

APPLICANT DETAILS and DECLARATION

Applicant Name: Enter Name

1.0 General

Capitalised terms in this Part 2 have the same meaning as in Part 1 of the Questionnaire.

The Applicant[1] (and each member of the Applicant where an Applicant is a Consortium or Joint Venture) and any entities upon whose capacity they rely for the purposes of meeting the requirements of any of the Qualification Criteria must complete the relevant parts of this Part 2 and submit as part of the SAQ Response.

PW-CF1 – PW-CF4 only: Any entities being relied upon (including but not limited to a parent company, a subcontractor or other entity) must complete the relevant sections of this Part 2.

2.0 Applicant Details

2.1 Applicant

Applicant Note: Only the Applicant or the Lead Member completes this Section 2.1.

Applicant Name[2]:	
Address of Registered Head Office:	
Address(es) of Other Relevant Office(s):	
Date Business Commenced Trading:	
Most recent Business Accounting Period	From: To:
Business Name[3]	
Business Address	
Company Registration Number (CRO No. or equivalent)	
Business Registration Number	
Tax Reference Number	
Self-assessment tax returns Accounting Period for Revenue (or equivalent in other tax jurisdictions)	
Business Telephone:	
Business Email Address:	

[1] Where this Part 2 is used with QW2, the term "Applicant" shall be read as "Tenderer".

[2] State the full name of the Applicant's company as it is registered with the Companies Registration Office (CRO) or equivalent in country of establishment. Refer to the CRO for requirements for registration of companies.

3 State the Applicant's full business name as registered with the CRO (or equivalent in country of establishment). Refer to the CRO for requirements for registration of business names.

Fill in the details below if the Applicant, or the Lead Member, is a subsidiary, otherwise enter "Not Applicable":

Name and address of parent company and interest parent has in Applicant company (for example, wholly owned by single parent company):	
Parent Company Registration No.:	
Parent Company Tax Reference No.:	

Fill in the box below if there are other companies in a group that will be involved in the contract.

Name and address of other companies in the group involved in this contract including their CRO No. and Tax Reference No. or equivalent:	

2.2 The Applicant's Authorised Representative

Only the Applicant or the Lead Member of an Applicant completes this Section 2.2. There is no need to enter address, telephone and email if identical to business details in 2.1.

Name of Authorised Representative:	
Representative's Address:	
Representative's Telephone:	
Representative's Email Address:	

2.3 Nature of Applicant

The Applicant, or the Lead Member, completes this Section 2.3.

Nature of Applicant (for example, sole trader, registered company, Consortium, Joint Venture, Partnership):	

Complete the relevant box below where the Applicant or the Lead Member is registered company:

Company Type (e.g. limited company):	
Year established:	
Number of years actively trading under present name:	
Name of Chairman/CEO/MD:	

Interest of Chairman/CEO/MD in other companies:	
Changes to group structures or mergers over the past 5 years:	

This box is to be filled only by the Lead of a Partnership, a Consortium of any other type of Joint Venture:

Consortium or Joint Venture		
Names of all members in Consortium or Joint Venture:	1.	
	2.	
	3.	
	4.	
Was Consortium or a Joint Venture formed for this project?		
If you answered "No" above, state number of years actively trading under present name:		
Method of financing Consortium or Joint Venture:		
Details of members of Applicant roles in performing the Contract:		
Applicant member	Element responsible for	Qualification Criteria Applicant Member responded to:

Note: Where the Applicant is a Consortium or a Joint Venture, each member of the Applicant (who is not the Lead Member) must also complete Table 1 – Members of Applicant.

2.4 Additional Applicant Details

The Applicant or Lead Member completes this Section 2.4.

Where requested in Section 2.9 of the Particulars (in Part 1), Applicants must provide the additional details of the Applicant's business.

2.5 Reliance on the Capacity of Other Entities (PW-CF1 to PW-CF4 only)

Only the Applicant or the Lead Member completes this Section 2.5.

Is the Applicant, or any Applicant Member, relying on the capacity of an entity other entities or undertakings with which it is directly or indirectly linked, whatever the legal nature of those links may be (including, for example, but not limited to, a parent company and/or a subcontractor) (including Applicant Specialists, where Applicant Specialists are not the Applicant itself) for the purposes of meeting any of the financial and economic standing or technical capability criteria Qualification Criteria (including any such criteria in any Health and Safety Supplements and, where applicable, Specialist Questionnaires)?	NO
Note: Where YES is selected in the table above, insert details of the entities relied upon by the Applicant in Table 2.	

2.6 Applicant's Specialists (PW-CF2 and PW-CF4 only)

Where it is stated in the Section 2.6.1 of the Particulars (in Part 1) that Applicants are required to propose Specialists, complete the table below.

Each Specialist named below must complete the relevant Specialist Questionnaire.

Table 3: Applicant Specialists

Specialist Area[4]	Name of entity[5] proposed as Specialist

[5] Where the Applicant proposes to undertake the specialist area directly, insert Applicant name

2.7 Applicant's Declaration

The Applicant or the Lead Member completes this section 2.7. Failure to complete this Section 2.7 may result in the Applicant being disqualified from the Competition.

On behalf of I,
declare that the Applicant meets the requirements or minimum standards (as appropriate) for the Qualification Criteria as at the date of submission of the SAQ Response;
confirm that for those Qualification Criteria, where the required response is marked "Declaration Required", supporting documentation to substantiate the declaration made above will, where requested, be provided promptly and within the timeframe specified;
confirm that for those Qualification Criteria, where the required response is marked "Evidence Required", the required evidence is included in the SAQ Response;
confirm that where required by the Questionnaire the following additional information is included:
disclose the following Registrable Interests involving the Applicant, Applicant Members, entities relied upon or subcontractors, and the Contracting Authority, members of the Government, members of the Oireachtas, or employees and officers of the Contracting Authority:
disclose the following conflict of interest or potential conflict of interest on the part of the Applicant, Applicant Members, entities relied upon, subcontractor(s) or individual employee(s) or agent(s) of an Applicant or Applicant Members:
confirm that all data subjects whose personal data is provided have consented to the processing of such personal data by us, the Applicant, the Contracting Authority, the evaluation team and the supplier of the etenders.gov.ie website, for the purposes of our participation in this Competition or that we otherwise have a legal basis for providing such personal data to the Contracting Authority for the purposes of our participation in this Competition and that we will provide evidence of such consent and/or legal basis to the Contracting Authority upon request;
declare that the Applicant is not guilty of misrepresentation in supplying or failing to supply the information requested in response to the Questionnaire.
Signed on behalf of the Applicant by: *Signature of Applicant's Authorised Representative*
Name: Title: Date:

Table 1: Members of Applicant

NOTE: Where an Applicant is a Consortium, Joint Venture or Partnership, each member (who is not the Lead Member) named in Section 2.3 must complete the table below.

Where additional tables are required click the "+" symbol that becomes visible at the end of table when you are completing a form-field to add details of additional members.

Member Name[6]:	
Qualification Criteria responded to:	
Address of Registered Head Office:	
Address(es) of Other Relevant Office(s):	
Date Business Commenced Trading:	
Most recent Business Accounting Period From/To	
Business Name[7]	
Business Address	
Company Registration Number[8]	
Business Registration Number	
Tax Reference Number	
Self-assessment tax returns Accounting Period[9]	
Business Telephone:	
Business Email Address:	
Complete where the Applicant is a Registered Company:	
Company Type:	
Year established:	

6 State the full name of the Applicant's company as it is registered with the Companies Registration Office (CRO) or equivalent in country of establishment. Refer to the CRO for requirements for registration of companies.

7 State the Applicant's full business name as registered with the CRO (or equivalent in country of establishment). Refer to the CRO for requirements for registration of business names.

8 CRO No. or equivalent.

9 for Revenue Commissioners or equivalent in other tax jurisdictions.

Number of years actively trading under present name:	
Chairman/CEO/MD:	
Name of Interest of Chairman/CEO/MD in other companies:	
Changes to group structures or mergers over the past 5 years	
Complete where the Applicant Member is a subsidiary:	
Name and address of parent company and interest parent has in Applicant member company (for example, wholly owned by single parent company):	
Parent Company Registration No.:	
Parent Company Tax Reference No.:	

Fill in the table below if there are other companies in a group that will be involved in the contract.

NAME	ADDRESS	CRO	TAX REFERENCE NO

Table 2: Entities relied upon by Applicant (including Applicant's Specialists who are not the Applicant itself)

(PW-CF1 to PW-CF4 only) Where in Section 2.5, an Applicant declares that it relies upon the resources of other entitles, each entity must complete the tables below and provide a letter from such entity in the form given in Appendix 1 to Part 1 of the Questionnaire. Where there are more than three entities relied upon, please copy this page and included in your SAQ Response.

Name of entity relied upon by Applicant[10]:			
Element responsible for:			
Qualification Criteria responded to:			
Address of Registered Head Office:			
Address(es) of Other Relevant Office(s):			
Date Business Commenced Trading:			
Most recent Business Accounting Period	From: To:	From: To:	From: To:
Business Name[11]			
Business Address			
Company Registration Number (CRO No. or equivalent)			
Business Registration Number			
Tax Reference Number			
Self-assessment tax returns Accounting Period for Revenue (or equivalent in other tax jurisdictions)			
Business Telephone:			

[10] State the full name of the entity's company as it is registered with the Companies Registration Office (CRO) or equivalent in country of establishment. Refer to the CRO for requirements for registration of companies.
[11] State the entity's full business name as registered with the CRO (or equivalent in country of establishment). Refer to the CRO for requirements for registration of business names.

Business Email Address:			
Complete where the entity above is a subsidiary company**:**			
Name and address of parent company and interest parent has in entity company (for example, wholly owned by single parent company):			
Parent Company Registration No.:			
Parent Company Tax Reference No.:			