

Pre-Qualification Application Form

**G1/61**

|                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------|
| Schedule 1: Company Information                                                                                                                                                                                                                                                                                                                                                                                                            |                       |             |
| Applicant's legal name:                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |             |
| In case of Joint Venture (JV), legal name and shareholding of each partner:                                                                                                                                                                                                                                                                                                                                                                |                       |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |             |
| Applicant's actual or intended country of incorporation:                                                                                                                                                                                                                                                                                                                                                                                   |                       |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |             |
| Applicant's actual or intended year of incorporation:                                                                                                                                                                                                                                                                                                                                                                                      |                       |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |             |
| Applicant's legal address in country of incorporation:                                                                                                                                                                                                                                                                                                                                                                                     |                       |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |             |
| Contact person.....                                                                                                                                                                                                                                                                                                                                                                                                                        | Telephone Number:     |             |
| Title: .....                                                                                                                                                                                                                                                                                                                                                                                                                               | E-mail address:       |             |
| Parent company (full legal name, if applicable):                                                                                                                                                                                                                                                                                                                                                                                           |                       |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |             |
| Schedule 2: Company Details and General Information                                                                                                                                                                                                                                                                                                                                                                                        |                       |             |
| <i>Signatory 1</i>                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |             |
| 1. Applicant's authorized signatory:                                                                                                                                                                                                                                                                                                                                                                                                       |                       |             |
| 2. Street Address:                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |             |
| 3. City:                                                                                                                                                                                                                                                                                                                                                                                                                                   | 4. State/Postal Code: | 5. Country: |
| 6. P.O. Box:                                                                                                                                                                                                                                                                                                                                                                                                                               | 7. Telephone Number:  |             |
| 8. Mailing Address (if different);                                                                                                                                                                                                                                                                                                                                                                                                         | 9. Fax Number:        |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                            | 10. Company E-mail:   |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                            | 11. Company website:  |             |
| <i>Signatory 2 (if applicable)</i>                                                                                                                                                                                                                                                                                                                                                                                                         |                       |             |
| 1. Applicant's authorized signatory:                                                                                                                                                                                                                                                                                                                                                                                                       |                       |             |
| 2. Street Address:                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |             |
| 3. City:                                                                                                                                                                                                                                                                                                                                                                                                                                   | 4. State/Postal Code: | 5. Country: |
| 6. P.O. Box:                                                                                                                                                                                                                                                                                                                                                                                                                               | 7. Telephone Number:  |             |
| 8. Mailing Address (if different);                                                                                                                                                                                                                                                                                                                                                                                                         | 9. Fax Number:        |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                            | 10. Company E-mail:   |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                            | 11. Company website:  |             |
| Signed by: .....                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |             |
| In the capacity of: .....                                                                                                                                                                                                                                                                                                                                                                                                                  |                       |             |
| Duly authorized to sign for and on behalf of:(Company)                                                                                                                                                                                                                                                                                                                                                                                     |                       |             |
| Signature .....                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |             |
| Title .....                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |             |
| Date .....                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |             |
| All companies that wish to participate in this Bidding Process must submit all required documents for Pre-Qualification, either in Thai or English, as stated in the Instructions to Bidders section 4.2 to the Department of Mineral Fuels, Ministry of Energy at the meeting room 2, 21 <sup>st</sup> floor Energy Complex Building B, Chatuchak, Bangkok, Thailand, during office hours 8.30 am – 4.30 pm on <b>May 15 – 16, 2018</b> . |                       |             |