

Tender Evaluation Form

_____ [Name of Building/Estate]

Repair and Renovation Works Tender Evaluation

Evaluation Criteria		Lowest bid	2nd lowest bid	3rd lowest bid
Name of Consultant				
(1)	Limited company			
(2)	No. of staff with professional qualification			
(3)	Financial status			
(4)	Job reference of past three years: - Being a consultant for repair works	No. of projects		
(5)	Quality Assurance Certification (e.g. ISO 9001)			
(6)	Proof of Professional Indemnity Insurance			
(7)	Registered with BD as an AP/RSE/RGE			
(8)	Tender price for:			
	(a) Phase 1	\$	\$	\$
	(b) Phase 2	\$	\$	\$
	(c) Phase 3	\$	\$	\$
(9)	Validity Period of Tender upon return of tender documents	No. of months:	No. of months:	No. of months:
(10)	Scope of Services:			
	(a) <i>Standard services</i>	Yes / No	Yes / No	Yes / No
	(b) <i>Additional services</i>	Yes / No	Yes / No	Yes / No
(11)	Company Code of Conduct	Yes / No	Yes / No	Yes / No
(12)	Others			

Notes:

Where necessary, requests for outstanding information from tenderers can be made.

Date :			
Signature:			
Name of Assessors :			