"Navigate GMP with DBA"*



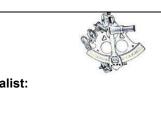


CONSULTANT QUALIFICATION (FORM ###) see page 3 for instructions on filling out this form Telephone: Firm Name: Address: Fax Number: E-mail addresses: Mobile phone numbers Website: ☐ IT ☐ cGMP ☐ Construction ☐ Purchasing ☐ Financial Type of Organization: Year Established: Professional Body Certified \square Yes \square No (Tick $\sqrt{\text{Applicable}}$) Year Incorporated: Names of Principals: Name of Parent Company (If Applicable): Former Name: Office Use Only Decision based on: Consultancy has been: Company brochure qualified disqualified (please tickmark) (please tickmark and Business report Financial rating (e.g. by D&B) attach evidence) Name: CVs Reference customers Signature: Others, please specify below Remarks: Date:

NAME OF CONSULTANTS FIRM (attach cv for each plus professional body certification if applicable)

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David Buckley & Associates Pty Ltd ACN 103 221 129, ABN 69 103 221 129



				www.navigategmp.com	info@navigategmp.com					
Chief Executive Officer:			Consultant:	Specialist	Specialist:					
Consultant:			Consultant	Specialist	Specialist					
	Diagonization that	a al	f municata		anancalifical in ander of in		aautina nuatila aa	ada fuama tabla balann		
1.			your firm would like to be prequalified in order of in 2.		nportance by in	4.				
A cGMP 2	1 CFR part 11	1	Е В	Profil Building Construction	e code	J	T installation			
	1 CFR part 210, 211			Construction Contract Adminis	tration & Inspection			Financial		
	udralex Vol 4			Building Commissioning		ogistics				
D cGMP of				Γ Design	N /	Architecture				
-										
		ent o	f Key P	ersonnel Qualified t			ch You Wish	to be Qualified		
NAME (Last, First, Middle Initial):					NAME (Last, First, Middle Initial):					
Years Of Experience:	As Principal of this Firm:		incipal of Firms:	Other than Principal:	Years Of Experience:	As Principal of this Firm:	As Principal of Other Firms:	Other than Principal:		
	•						•			
EDUCATION (University, degree, year, specialization):					EDUCATION (University, degree, year, specialization):					
MEMBERSHIP IN	I PROFESSIONAL O	RGANIZ	ATIONS:		MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS:					
REGISTRATION	(Type, Year, Country	y):			REGISTRATION (Type, Year, Country):					

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Projects on Whi	<u>ich You or You</u>	r Firm Is Involved (Indicate only	those Pr	ofile Codes fo	r which your firm i	s responsible')			
Name and Location Of Desc		ription of Services Rendered:	Services Rendered: Name/A		Co	Consultants			
Project:			Owner:						
If the Chase that has been Dusyided on this Form is Insufficient to Describe Very or Very Firm's Experience And									
If the Space that has been Provided on this Form is Insufficient to Describe You or Your Firm's Experience And Capabilities please attach additional pages as needed									
	I ce	rtify that the foregoing is	a true	statement o	of facts				
Name of Firm Submitting		Print Name And Title Of Person		SIGNATURE:					
Questionnaire:		Signing:							
				Date:					
				1					

Purpose In accordance with cGMP the policy of our company, relative to procuring cGMP, financial, IT, architectural, engineering, and related professional services, is to qualify firms engaged in the practice of those professions. In order to allow our company to qualify you, Consultants should complete and file the form with our company. This form may be used as a basis to select firms for contracts, for screening firms qualified to submit proposals, or for screening firms qualified as subcontractors on contracts.

Instructions:

- 1. Submit only one signed copy
- 2. Type or clearly print the complete name of submitting firm, its address, and zip code.
- 3. List not more than two principals from the submitting firm who may be contacted by the agency receiving this form. Listed principals must be empowered to speak for the firm on policy and contractual matters.
- 4. Please provide a personal history statement of principals and key personnel of the submitting firm office in the boxes on this page. Attach additional sheets if required.
- 5. The consultant or principal or legally authorized representative of the submitting firm must sign in the space provided. Unsigned forms will be deemed incomplete.
- 6. Mail to CEO

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¹ Attach extra pages if necessary