## Hibernia Supplier Diversity Program Eligibility Assessment

Company:			
Contact:			
Address:			
Telephone:			
Email:			
Designated Group:	Women	☐ Indigenous Peoples ☐ Visible Minorities ☐ Persons with Disabilities	
	LGBT+		
Project(s) company Is associated with:	☐Hebron ☐None	☐ Hibernia ☐ HSE ☐ Other Oil & Gas	
Please select the appropriate category:			
Company provides a good or service that is relevant to our Project work in any situation including but not limited to:			
Responded to an EOI and have passed the prequalification stage;			
Responded to an EOI, did not pass the prequalification for that scope, however we determine that it is a company that provides a good or service that is relevant to our work;			
The company has not contacted the Projects in the past or responded to an EOI but the Projects determine they may provide a good or service that is relevant to the Projects work (Additional information may be requested by the Projects);			
The company has been successful in acquiring a business relationship with us in the past and is deemed to have potential for future business opportunities.			
Description of company's products and or services:			

## Hibernia Supplier Diversity Program Eligibility Assessment

DECLA	ATION OF APPLICANT		
I	onfirm to the best of my knowledge and ability that the information provided is complete, true and correct.		
	re the Project(s) to make any enquiries of such persons, firms or corporations as deemed necessary in order to reach n regarding eligibility.		
I	nderstand that completion of this form does not imply approval.		
Name a	d Title:		
Date:			
You will	e notified regarding eligibility following review of the information provided.		

Scan the completed form to: Lisa.Paul@esso.ca