

BIDDER'S QUESTIONNAIRE

T/FA/10/TRANSLATION/ERB/24-09-2018/001

		PART I: II	NFORMATION	
A. Company Details and Genera	al Informatio	on		
Name of Company			Trading As	
Address (headquarters)			Telephone	
Zip Code (headquarters)			Fax	
City (headquarters)			E-mail address 1	
PO Box			E-mail address 2	
Country (headquarters)			Website address	
Parent Company or			Subsidiaries/ Associates/	
name of owner			Overseas Representative	
Sales Person's Name			Sales Person's Position	
Sales Person's phone			Sales Persons' E-mail	
Governance of the company: Chairma	an Vice-Chair	man Treasurer		Lirectors or Board of Trustees
Name (as in passport or other	I	man, moasaror	Date of birth (mm/dd/yyyy)	Trectors or Board or Trustees
government-issued photo ID)			Date of birtin (mini/dd/yyyy)	
Government-issued photo Identification Document (ID) number			Type of ID	
ID country of issuance			Rank or title in organization	
Other names used (nicknames or pseudonyms not listed as "Name")			Gender (e.g. male, female)	
Current employer and job title:			Occupation	
Address of residence			Citizenship(s)	
Province/Region			E-mail address	
Is the individual a U.S. citizen or			Professional Licenses –	
legal permanent resident?	∐ Yes	☐ No	State Issued Certifications	
Management of the company: CEO, E	xecutive Dire	ctor, Deputy Dire	ector, President or Vice-Presi	ident
Name (as in passport or other government-issued photo ID)			Date of birth (mm/dd/yyyy)	
Government-issued photo Identification Document (ID) number			type of ID	
ID country of issuance			Rank or title in organization	
Other names used (nicknames or pseudonyms not listed as "Name")			Gender (e.g. male, female)	
Current employer and job title:			Occupation	
Address of residence			Citizenship(s)	
Province/Region			E-mail addresses	
Is the individual a U.S. citizen or legal permanent resident?	☐ Yes	□ No	Professional Licenses – State Issued Certifications	
Management of the company: Chief F	inance Office	or Chief Accou	ntant	
Name (as in passport or other government-issued photo ID)			Date of birth (mm/dd/yyyy)	
Government-issued photo Identification Document (ID) number			type of ID	

ID cou	intry of issuance					Rank or ti	tle in organization			
	names used (nickn onyms not listed as					Gender (e	e.g. male, female)			
Currer	nt employer and job	title:				Occupation	on			
Addre	ss of residence					Citizenshi	p(s)			
Provin	ice/Region	3/Region			E-mail ad	dresses				
	Is the individual a U.S. citizen or legal permanent resident?		☐ Yes		No		nal Licenses – ned Certifications			
Compa	any's staff & insura	nce	<u> </u>			<u> </u>				
	ull Time Employees					Employee	average work wa	ge per hour:		
	Men to Women:								ACTED?	☐ Yes ☐ No
	Children:					Any employee(s) with relatives working with ACTED? Legal minimum wage paid?				☐ Yes ☐ No
In wha	at capacity?					Paid vacations are offered?			☐ Yes ☐ No	
	are their ages?					Are flexib	e working hours o	ffered?		☐ Yes ☐ No
	of insurance comp	anv.					ered by health issu			☐ Yes ☐ No
	iption of the Compa					Ctail Cove	nod by Hodini lood	1411001		
	of Business									
, , ,	ole choices	☐ Manufa	cturing			☐ Authori	sed Agent	☐ Trader		
possib		☐ Consul	ting Company			☐ Other (Please Specify)			
	r of Business					☐ Equipm	ont	□ Works		
	ole choices	☐ Goods/	Supplies					☐ WOIKS		
possib		☐ Service	S			☐ Other (Please Specify)			
Year E	Established:					Country o	f registration:			
Licenc	e number:					Valid until	:			
Workii	ng languages:		English Arabic		☐ French		☐ Spanish ☐ Other (Please S	☐ Ruse	sian	
Techn	ical documents		English		☐ French	1	Spanish	☐ Russ	rian	
availal			Arabic				Other (Please S		siai i	
			Alabic		☐ Chines	e	U Other (Flease :	эреспу)		
B. Fir	nancial Informat	ion				_				
VAT N	lumber:					Tax Numb	oer:			
Bank I	Name:					Bank Acc	ount Number:			
Bank /	Address:					Account N	lame:			
Swift/E	BIC number:					Standard	Payment Terms:			
Has th	ne company been a	udited in the	last 3 years	?				☐ Yes	☐ No	
Please	e attach a copy of th	ne company	s most rece	nt Annua	al or Audite	ed Financia	al Report	☐ Attach	ed	
	al Value of Total Sal						· · · · · · · · · · · · · · · · · · ·			
	Year:	USD:		Year:		USD:		Year:	USD:	
	al Value of Export S Year:	ales for the USD:	ast 3 years	Year:		USD:		Year:	USD:	
C Fx	perience									
	-	and with AC	TED and/or a	thar late	arnotional	Aid Agono	ioo or I loited Notic	una Aganaiaa.		
Compa	anie's recent busine					1		-	1	I
	Organisation	Contact	person	Phone	e/E-mail	Goods/	Works/Services	Value (USD)	Year	Destination
1										
2									1	
3										
4									1	
-						1			+	
5						<u> </u>			1	
What i	is your company's r	nain area of	expertise?							
What i	is your company's b	ousiness cov	erage area?)	□ Nat	tional	Restricted to	(specify locations):		
	, , , , , ,		J		Ivat			(-200) 1000010113)1	1	

To which countries has your managed projects in the last					
Provide any other information	<u> </u>				_
company's qualifications and	•				
List any national or internation Organisations of which your					
D. Technical Capability					
Type of Quality Assurance C	ertificate			☐ Attached	
Type of Certification/Qualification	ation Documents			☐ Attached	
International Offices/Represe	entation				
•	re Goods and/or Services you				
1)		6)			
2) 3)		7) 8)			
4)		9)			
5)		10)			
-	company (trucks & heavy mac	chines, heavy & valuable equipment, premises & warehou	uses, produ	uction sites etc	(.ز
1)		6)			
2) 3)		7) 8)			
4)		9)			
5)		10)			
E. Miscellaneous					
Does your company have an	Environmental Policy? (Yes/N	No)	☐ Yes	☐ No	
Does your company have an Ethical Trading Policy? (Yes/No)					
Does your company have an	Anti-terrorist Policy? (Yes/No)	☐ Yes	☐ No	
Is your company compliant w	vith the EU General Data Prote	ection Regulation (or equivalent)? (Yes/No)	☐ Yes	☐ No	
If you answered yes to the al	bove two questions, please at	tach copies of your policy:		☐ Attached	í
has entered into an arranger	nent with creditors, has suspe	s of being wound up, having its affairs administered by the inded business activities, is the subject of proceedings con a similar procedure provided for in national law?		☐ Yes ☐ No	
If you answered yes, please provide details:	<u> </u>	· ·			_
Has your company ever beer res judicata?	n convicted of an offence cond	cerning its professional conduct by a judgment which as t	orce of	☐ Yes ☐ No	
If you answered yes,			<u> </u>		_
please provide details:					
Has your company ever beer	n guilty of grave professional r	misconduct proven by other menas?		☐ Yes ☐ No	
If you answered yes, please provide details:					
taxes in accordance with the	law of the country in which it i	to the payment of social security contributions, or the pay is established, or with those of France, or those of the co		☐ Yes ☐ No	
where the contract is to be p	erformed?				_
If you answered yes, please provide details:					
Has your company ever been in a criminal organisation or		which has the force of res judicata for fraud, corruption, in	volvment	☐ Yes ☐ No	
If you answered yes, please provide details:					_
•	n declared to be in serious bre	each of contract for failure to comply with its contractual		☐ Yes	_
obligations, following another		rant award procedure financed by a donor country?		□ No	
If you answered yes, please provide details:					

Has your company ever been declared to be in serious breach of contract for failure to comply with its contractual obligations, following another procurement procedure or grant award procedure financed by a donor country?								
			•					
spute with any Governemer	nt Agency, the United Nations,	or International Aid	☐ Yes ☐ No					
f 30 days?	Do you accept visit of ACTE to your office?	ED staff & external auditors	☐ Yes ☐ No					
PART II: CERTIFICATION								
I, the undersigned warrant that the information provided in this form is correct, and in the event of changes, details will be provided to ACTED as soon as possible in writing. I also understand that ACTED does not do business with companies, or any affiliates or subsidiaries, which engage in any practices that are in breach of ACTED's Child Protection, Sexual Exploitation and Abuse Protection, Conflict of Interest, Anti-fraud, Anti-terrorism Policy and Data Protection Policies (available on request).								
	Date:							
	Place:							
	Signature:							
	Company Stamp:							
Check list of supporting documents								
	Attached	☐ Checked						
ertificate	☐ Attached	☐ Checked						
	☐ Attached	☐ Checked						
4) Proof of trading/dealership/agent		☐ Checked						
5) Evidence of similar contracts		☐ Checked						
	☐ Attached	☐ Checked						
onnel	☐ Attached	☐ Checked						
ate of incorporation	☐ Attached	☐ Checked						
	☑ Attached	☐ Checked						
	☐ Attached	☐ Checked						
	spute with any Governemer f 30 days?	spute with any Governement Agency, the United Nations, spute with any Governement Agency, the United Nations, and advise and accept wisit of ACTE to your office? PART II: CERTIFICATION The provided in this form is correct, and in the event of a lalso understand that ACTED does not do business with in breach of ACTED's Child Protection, Sexual Exploitation at a Protection Policies (available on request). Date: Place: Signature: Company Stamp: Pattached Attached Attached	spute with any Governement Agency, the United Nations, or International Aid 30 days?					