

BIDDER'S QUESTIONNAIRE

T/FA/10/TRANSLATION/ERB/23-09-2018/001

PART I: INFORMATION				
A. Company Details and Gener	al Information			
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: Chairm	an Vice-Chairman Treasurer		L Directors or Board of Trustees	
Name (as in passport or other	T Treasurer	Date of birth (mm/dd/yyyy)	Pirectors of Board of Trastees	
government-issued photo ID)		Date of birth (min/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,	Executive Director, Deputy Dire	ector, President or Vice-Pres	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 I	Finance Officer 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 country of issuance				Rank or title in organization				
Other names used (nick pseudonyms not listed a				Gender (e.g. male, female)				
Current employer and jo				Occupation				
				Cocupation				
Address of residence				Citizenship(s)				
Province/Region				E-mail addresses				
Is the individual a U.S. c legal permanent residen		Yes	No	Professional Licenses – State Issued Certifications				
Company's staff & insura	ance							
No. Full Time Employees	3:			Employee average work wa				
% of Men to Women:		Any employee(s		Any employee(s) with relative	es working with A	CTED?	Yes	No
No. of Children:				Legal minimum wage paid?			Yes	No
In what capacity?				Paid vacations are offered?	#arad?		Yes _	No
What are their ages?				Are flexible working hours o			Yes _	No
Name of insurance comp				Staff covered by health issu	rance?		Yes	No
Description of the Comp Type of Business	any —			_				
(multiple choices	Manufactu	ring		Authorised Agent	Trader			
possible):	Consulting	Company		Other (Please Specify)				
Sector of Business	Goods/Sup	nlies		Equipment	Works			
(multiple choices		phics			wones			
possible):	Services			Other (Please Specify)				
Year Established:				Country of registration:				
Licence number:				Valid until:	<u> </u>			
Working languages:	☐ Eng		Frenc	H	Russ Specify)	ian		
Technical documents available in:	☐ Eng ☐ Ara		Frenci	<u></u> □ • • • • • • • • • • • • • • • • • •	Russ Specify)	ian		
B. Financial Informa	tion							
VAT Number:	Ī			Tax Number:				
Bank Name:				Bank Account Number:				
Bank Address:				Account Name:				
Swift/BIC number:				Standard Payment Terms:	Yes	No		
Has the company been a								
Please attach a copy of			ual or Audite	ed Financial Report	Attache	ed		
Annual Value of Total Sa								
Year:	USD:	Year:		USD:	Year:	USD:		
Annual Value of Export S Year:	Sales for the last USD:	3 years Year:		USD:	Year:	USD:		
C. Experience								
Companie's recent busin	ess with ACTED	and/or other In	ternational	Aid Agencies or United Natio	ns Agencies:			
Organisation	Contact per	son Phor	ne/E-mail	Goods/Works/Services	Value (USD)	Year	Destination	on
1	Community or		10, = 1116	00000, 1101110, 00111000	14.40 (002)		2001	-
 								
2	 							
3								
4								
5	<u> </u>							
What is your company's	main area of exp	ertise?						
What is your company's				tional Doctricted to	(cnecify locations):			
To which countries has		•	INA	tional Restricted to	(specify locations):			
managed projects in the	Sai Sompany GA	portou aria/or	1					

Provide any other information that demonstrates your		
company's qualifications and experience (eg. awards) List any national or international Trade/Professional		
Organisations of which your company is a member		
D. Technical Capability		
Type of Quality Assurance Certificate		Attached
Type of Certification/Qualification Documents		Attached
International Offices/Representation		
List below up to 10 of the core Goods and/or Services your company sells:		
6)		
2) 7) 8)		
9)		
5) 10)		
List the main assets of your company (trucks & heavy machines, heavy & valuable equipment, premises &	warehouses, produ	ction sites etc.)
6)		
2) 7) 8)		
4) 9)		
5)		
E. Miscellaneous		
Does your company have an Environmental Policy? (Yes/No)	Yes	☐ No
Does your company have an Ethical Trading Policy? (Yes/No)	Yes	☐ No
Does your company have an Anti-terrorist Policy? (Yes/No)	Yes	☐ No
Is your company compliant with the EU General Data Protection Regulation (or equivalent)? (Yes/No)	☐ Yes	☐ No
If you answered yes to the above two questions, please attach copies of your policy:		Attached
Has your company ever been bankrupt, or is in the process of being wound up, having its affairs administe		Yes
has entered into an arrangement with creditors, has suspended business activities, is the subject of proceed	-	No
these matters, or is in any analogous situation arising from a similar procedure provided for in national law	?	
If you answered yes, please provide details:		
Has your company ever been convicted of an offence concerning its professional conduct by a judgment w	hich as force of	Yes
res judicata?		☐ No
If you answered yes, please provide details:		
<u> </u>		Yes
Has your company ever been guilty of grave professional misconduct proven by other menas?		No
If you answered yes, please provide details:		
Has your company ever not fulfilled its obligations relating to the payment of social security contributions, o	r the payment of	Yes
taxes in accordance with the law of the country in which it is established, or with those of France, or those		☐ No
where the contract is to be performed?		
If you answered yes, please provide details:		
Has your company ever been the subject of a judgement which has the force of res judicata for fraud, corre	uption, involvment	Yes
in a criminal organisation or any other illegal activity?		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 control of contract for failure to comply with its control of contract for failure to comply with its control of contract for failure to comply with its control of contract for failure to comply with its control of contract for failure to comply with its control of contract for failure to comply with its control of contract for failure to comply with its control of contract for failure to comply with its control of contract for failure to comply with its control of contract for failure to comply with its control of contract for failure to comply with its control of contract for failure to comply with its control of contract for failure to comply with its control of contract for failure to comply with its control of control		Yes
obligations, following another procurement procedure or grant award procedure financed by a donor countill you answered yes,	y:	No
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?			
	,		
Agency, the United Nations,	or International Aid	Yes No	
Do you accept visit of ACTE to your office?	D staff & external auditors	Yes No	
ERTIFICATION			
O does not do business with Protection, Sexual Exploitation ble on request).	companies, or any affiliates o	or subsidiaries,	
Signature: Company Stamp:			
	For ACTED use	only	
Attached	Checked		
✓ Attached	Checked		
Attached	Checked		
	Agency, the United Nations, Do you accept visit of ACTE to your office? ERTIFICATION is correct, and in the event of does not do business with Protection, Sexual Exploitation of the on request). Date: Place: Signature: Company Stamp: Attached Attached	Agency, the United Nations, or International Aid Do you accept visit of ACTED staff & external auditors to your office? ERTIFICATION is correct, and in the event of changes, details will be proposed on the protection, Sexual Exploitation and Abuse Protection, Corpole on request). Date: Place: Signature: Company Stamp: For ACTED use Attached Checked	