

## **BIDDER'S QUESTIONNAIRE**

T/FA/10/VISIBILITY/PRINTING/ERB/24-09-2018/001

PART I: INFORMATION						
A. Company Details and General	ai information	I <del>T</del> 1: A				
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-Chairman, Treas	urer or Secretary of the Board of I	Directors or Board of Trustees			
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 address				
Is the individual a U.S. citizen or legal permanent resident?	Yes No	Professional Licenses – State Issued Certifications				
Management of the company: CEO, I	Executive Director Denut		l ident			
Name (as in passport or other	Exceditive Director, Deputy	Date of birth (mm/dd/yyyy)	No.			
government-issued photo ID)						
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 Officer or Chief A	ccountant				
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	on			
Other names used (nickr	names or				Gender (e.g. male, female	e)			
pseudonyms not listed as									
Current employer and job	o title:				Occupation				
Address of residence					Citizenship(s)				
Province/Region					E-mail addresses				
Is the individual a U.S. ci legal permanent resident		Yes		No	Professional Licenses – State Issued Certification	s			
Company's staff & insura	ance					•			
No. Full Time Employees	3:				Employee average work v				
% of Men to Women:					Any employee(s) with rela		ith ACTED?	Yes	No
No. of Children:					Legal minimum wage pai			Yes	No
In what capacity?					Paid vacations are offered			Yes	No
What are their ages?					Are flexible working hours			Yes	No
Name of insurance comp					Staff covered by health is	surance?		Yes	No
Description of the Compa	any								
Type of Business	Manufa	acturing			Authorised Agent	☐ Trader			
(multiple choices possible):	Consul	ting Compan	v		Other (Please Specify)				
Sector of Business			,						
(multiple choices	Goods/	/Supplies			Equipment	Works			
possible):	Service	es			Other (Please Specify)				
Year Established:					Country of registration:				
Licence number:					Valid until:				
		English		Frenc	h Spanish		Russian		
Working languages:		Arabic		Chine	H	ise Specify)	Russium		
Technical documents available in:		English Arabic		Frenc Chine	<u></u> □ •••••••	se Specify)	Russian		
B. Financial Informat	tion								
VAT Number:					Tax Number:				
Bank Name:					Bank Account Number:				
Bank Address:					Account Name:				
Darik Address.					Account Name.				
Swift/BIC number:					Standard Payment Terms		oo No		
Has the company been a	audited in the	last 3 years	?			Y	es No		
Please attach a copy of t	he company's	s most rece	nt Annua	l or Audite	ed Financial Report	☐ At	ttached		
Annual Value of Total Sa	les for the las	st 3 Years:				•			
Year:	USD:		Year:		USD:	Year:	USD:		
Annual Value of Export S		ast 3 years							
Year:	USD:		Year:		USD:	Year:	USD:		
C. Experience									
Companie's recent busin	ess with ACT	ED and/or	other Inte	rnational	Aid Agencies or United Na	ations Agencies:			
Organisation	Contact			e/E-mail	Goods/Works/Services			Destina	ation
	Contact	person	1 110110	, L man	00003/1/01/13/001/1003	value (00)	D) rear	Destina	ition
1									
2									
3									
4									
5									
	, .		1		l .	1	<u> </u>	<u> </u>	
What is your company's									
What is your company's		•		☐ Na	itional Restricted	d to (specify locati	ons):		
To which countries has y		exported a	nd/or						
managed projects in the	iast 3 years?			I					

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:				
1) 6)				
2) 7)				
3) 8) 4) 9)				
5)				
List the main assets of your company (trucks & heavy machines, heavy & valuable)	ole equipment, premises & warehouses	s, produc	tion sites etc.)	
1) 6)				
2) 7)				
8)				
4) 9) 10)				
E. Miscellaneous				
Does your company have an Environmental Policy? (Yes/No)		Yes	□ No	
Does your company have an Ethical Trading Policy? (Yes/No)			□ No	
If you answered yes to the above two questions, please attach copies of your policy:				
Has your company ever been bankrupt, or is in the process of being wound up, h	<del>-</del>	ourte	Attached	
has entered into an arrangement with creditors, has suspended business activitie			Yes	
these matters, or is in any analogous situation arising from a similar procedure p		J	☐ No	
If you answered yes,		1		
please provide details:				
Has your company ever been convicted of an offence concerning its professiona res judicata?	al conduct by a judgment which as force	e of	Yes No	
If you answered yes,				
please provide details:				
Has your company ever been guilty of grave professional misconduct proven by	other menas?		Yes No	
If you answered yes, please provide details:				
Has your company ever not fulfilled its obligations relating to the payment of soci	ial security contributions or the payme	ent of		
taxes in accordance with the law of the country in which it is established, or with			Yes 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 in a criminal organisation or any other illegal activity?	res judicata for fraud, corruption, involvente involven	vment	Yes No	
If you answered yes, please provide details:				
Has your company ever been declared to be in serious breach of contract for fail	ilure to comply with its contractual		Yes	
obligations, following another procurement procedure or grant award procedure			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?				
	•			
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,		
Company Stamp:				
	For ACTED use	only		
Attached	Checked	-		
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 produced on the protection, Sexual Exploitation and Abuse Protection, Corpole on request).  Date: Place: Signature:  Company Stamp:  For ACTED use  Attached Checked		