

BIDDER'S QUESTIONNAIRE - ACTED LEBANON

T/11DCZ/O98/WTF/BRT/PROG/01-10-2018/001

	PART I: IN	FORMATION			
A. Company Details and General	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			
Barant Company or name		Cubaidiariaa/Aasaaiataa/			
Parent Company or name of owner		Subsidiaries/ Associates/			
or owner		Overseas Representative Sales Person's Position			
Sales Person's Name	ales Person's Name				
Sales Person's phone		Sales Persons' E-mail			
Governance of the company: Chairman	, Vice-Chairman, Treasurer or	Secretary of the Board of Di	rectors or Board of Trustees		
Name (as in passport or other		Date of birth (mm/dd/yyyy)			
government-issued photo ID)					
Government-issued photo Identification Document (ID) number		Type of ID			
ID country of issuance		Rank or title in			
ID country of issuance		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		Professional Licenses –			
permanent resident?	Yes No	State Issued Certifications			
Management of the company: CEO, Ex	ecutive Director, Deputy Direc		ont		
Name (as in passport or other		Date of birth (mm/dd/yyyy)			
government-issued photo ID)					
Government-issued photo Identification		terra a CID			
Document (ID) number		type of ID			
ID country of issuance		Rank or title in			
		organization			
Other names used (nicknames or		Gender (e.g. male, female)			
pseudonyms not listed as "Name")					
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 Fin	ance Officer or Chief Account	ant			
Name (as in passport or other		Date of birth (mm/dd/yyyy)			
government-issued photo ID)					
Government-issued photo Identification Document (ID) number		type of ID			

ID country of issuance					Rank or title	in					
					organizatior						
Other names used (nicknam pseudonyms not listed as "I					Gender (e.g	. male, female)					
Current employer and job tit					Occupation						
Address of residence					Citizenship(s)					
Province/Region					E-mail addre	esses					
Is the individual a U.S. citize	en or legal	Yes		lo	Professiona						
permanent resident?		163			State Issued	d Certifications					
Company's staff & insurance	e				-						
No. Full Time Employees:						verage work wa					
% of Men to Women:							ves working with A	CTED?	Yes		No
No. of Children:						um wage paid?			Yes		No
In what capacity?						ons are offered?			Yes		No
What are their ages?					Are flexible	working hours c	offered?		Yes		No
Name of insurance compan	y:				Staff covere	d by health issu	irance?		Yes		No
Description of the Company						-					
						d Amerik	Tuadau				
Type of Business (multiple choices possible):		acturing			Authorise		Trader				
		ting Compan	У			ease Specify)					
Sector of Business	Goods/	Supplies			Equipmer	nt	Works				
(multiple choices possible):	Service	es			Other (Pl	ease Specify)					
Year Established:					Country of r	egistration:					
Licence number:					Valid until:						
Working languages:	_	English Arabic		French		Spanish	Russ Specify)	ian			
Technical documents		English		French	ı	Spanish	Russ	ian			
available in:		Arabic		Chines	e	Other (Please					
B. Financial Information	n										
VAT Number:					Tax Numbe	*•					
Bank Name:					Bank Accou						
Bank Address:					Account Na						
Swift/BIC number:					Standard Pa	ayment Terms:					
Has the company been aud							Yes	No			
Please attach a copy of the			Annual o	r Audited	Financial Re	port	Attache	ed			
Annual Value of Total Sales Year:	ofor the last 3 USD:	3 Years:	Year:		USD:		Year:	USD:			
Annual Value of Export Sale		t 3 years	rour.		000.			000.			
Year:	USD:		Year:		USD:		Year:	USD:			
C. Experience											
Companie's recent busines	s with ACTE	D and/or oth	ner Intern	ational Ai	d Agencies c	r United Nation	s Agencies:				
Organisation	Contact	person	Phone	/E-mail	Goods/Wo	orks/Services	Value (USD)	Year	Destir	natior	n
1											
2											
3											
4											
5				-							
What is your company's ma		•									
				tional	Restricted to	(specify locations):					
To which countries has your company exported and/or managed projects in the last 3 years?											
Provide any other information											
	on that dam -	notrotoo									

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)						
2) 7) 3) 8)						
4) 9)						
5) 10)						
List the main assets of your company (trucks & heavy machines, heavy & valuable equipment, premises & warehouse	es, product	tion sites etc.)				
1) 6) 2) 7)						
3) 8)						
4) 9)						
5) 10) 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 administered by the		Yes				
has entered into an arrangement with creditors, has suspended business activities, is the subject of proceedings con- these matters, or is in any analogous situation arising from a similar procedure provided for in national law?	cerning	No				
If you answered yes,	I					
please provide details:						
Has your company ever been convicted of an offence concerning its professional conduct by a judgment which as for judicata?	rce of res	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 social security contributions, or 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 of the cour	ntry	No				
where the contract is to be performed? If you answered yes,	l					
please provide details:	r					
Has your company ever been the subject of a judgement which has the force of res judicata for fraud, corruption, invo in a criminal organisation or any other illegal activity?	olvment	Yes 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 obl following another procurement procedure or grant award procedure financed by a donor country?	igations,	Yes No				
If you answered yes,	I					
please provide details:						

Has your company ever been following another procurement			tract for failure to comply with nanced by a donor country?	n its contractual obligations,	Yes No
If you answered yes, please provide details:					
Has your company ever bee Organisations (including AC		ıy Governement A	gency, the United Nations, o	r International Aid	Yes No
If you answered yes, please provide details:					
Do you agree with terms of	payment of 30 days?	Yes No	Do you accept visit of ACTI to your office?	ED staff & external auditors	Yes No
		PART II: CE	RTIFICATION		
as soon as possible in writir engage in any practices tha fraud, Anti-terrorism Policy a	ng. I also understand tha it are in breach of ACTE	at ACTED does not D's Child Protectio		s, or any affiliates or subsidi	aries, which
Name:			Date:		
Title/Position			Place:		
E-mail address (for contact for verification purposes):			Signature:		
Phone number (for contact for verification purposes):			Company Stamp:		
Check list of supporting	g documents			For ACTED use	only
1) Trading license			Attached	Checked	
2) VAT registration/tax c	learance certificate		Attached	Checked	
3) Company profile			Attached	Checked	
4) Proof of trading/dealership/agent		Attached	Checked		
5) Evidence of similar co	ontracts		Attached	Checked	
6) References			Attached	Checked	
7) Particulars of CEO and key personnel		Attached	Checked		
8) Articles of Association	n & Certificate of incorpo	oration	Attached	Checked	
9) Financial statements (latest)		✓ Attached	Checked		
10) Other (specify):		Attached	Checked		