

BIDDER'S QUESTIONNAIRE

	DARTI	INFORMATION	
		INFORMATION	
A. Company Details and Genera	al Information		
Name of Company		Trading As	
Address (headquarters)		Telephone	
Zip Code (headquarters)		Fax	
		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, Treasure		Directors or Board of Trustees
Name (as in passport or other		Date of birth (mm/dd/yyyy)	I I I I I I I I I I I I I I I I I I I
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 address	
Is the individual a U.S. citizen or		Professional Licenses –	
legal permanent resident?	☐ Yes ☐ No	State Issued Certifications	
Management of the company: CEO, I	Executive Director, Deputy D	irector, President or Vice-President	ident
Name (as in passport or other	, , <u>, , , , , , , , , , , , , , , , , </u>	Date of birth (mm/dd/yyyy)	
government-issued photo ID)		(1111)	
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		Professional Licenses –	
legal permanent resident?	☐ Yes ☐ No	State Issued Certifications	
Management of the company: Chief F	inance Officer or Chief Acco	ountant	
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 (nickr pseudonyms not listed as				Gender (e.g. male, female)			
Current employer and jol				Occupation			
Address of residence				Citizenship(s)			
Province/Region				E-mail addresses			
Is the individual a U.S. ci legal permanent resident	Vc	es 🗌 I	No	Professional Licenses – State Issued Certifications			
Company's staff & insura	ance						
No. Full Time Employees	S:			Employee average work wa			
% of Men to Women:				Any employee(s) with relatives working with ACTED?			Yes No
No. of Children:				Legal minimum wage paid?			Yes No
In what capacity?				Paid vacations are offered?			Yes No
What are their ages?				Are flexible working hours o			Yes No
Name of insurance comp				Staff covered by health insu	rance?		Yes No
Description of the Compa	any T				_		
(multiple choices	Manufacturing			Authorised Agent	Trader		
possible):	Consulting Cor	mpany		Other (Please Specify)			
Sector of Business	Goods/Supplie	c		Equipment	Works		
(multiple choices		3		_ · ·	Works		
possible):	Services			Other (Please Specify)	ı		
Year Established:				Country of registration:			
Licence number:				Valid until:			
Working languages:	English Arabic		Frenc	H	Russ Specify)	sian	
Technical documents available in:	☐ English ☐ Arabic		☐ Frenc		Russ Specify)	sian	
B. Financial Informa	tion						
VAT Number:				Tax Number:			
Bank Name:				Bank Account Number:			
Bank Address:				Account Name:			
Swift/BIC number:				Standard Payment Terms:	Voc	No	
Has the company been a	audited in the last 3 y	/ears?			Yes		
Please attach a copy of t			l 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 3 years. USD:	ears Year:		USD:	Year:	USD:	
C. Experience							
Company's recent busine	ess with ACTED and	l/or other Inte	rnational /	Aid Agencies or United Natio	ns Agencies:		
Organisation	Contact person	Phone	e/E-mail	Goods/Works/Services	Value (USD)	Year	Destination
1	Community person.	7 770776	,	00000, 1101110, 00111000	1 4.40 (002)	7 0 0.7	200
2							
3							
4							
5							
What is your company's	main area of experti	se?					
	· · · · · · · · · · · · · · · · · · ·			Higher Dockwick - J. L.	(anosifula antiaran)		
What is your company's business coverage area? National Restricted to (specify locations): To which countries has your company exported and/or) (specify locations):		
	OUR COMPANY EVPORT	ed and/or			, , ,		

Provide any other information that demonstrates your company's qualifications and experience (e.g., 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) 7)		
3) 8)		
9)		
5) 10)	·	
List the main assets of your company (trucks & heavy machines, heavy & valuable equipment, pren 1) 6)	nises & warehouses, produ	iction sites etc.)
2) 7)		
3) 8)		
9)		
5) 10) E. Miscellaneous		
Does your company have an Environmental Policy? (Yes/No)	□ Vas	
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/N	Ves Yes	□ No
If you answered yes to the above two questions, please attach copies of your policy:	lo) res	Attached
Has your company ever been bankrupt, or is in the process of being wound up, having its affairs ad	Iministered by the courts	
has entered into an arrangement with creditors, has suspended business activities, is the subject of		☐ Yes
these matters, or is in any analogous situation arising from a similar procedure provided for in natio		∐ No
If you answered yes,		
please provide details: Has your company ever been convicted of an offence concerning its professional conduct by a judg	ment which as force of	Yes
res judicata?	intent which as force of	☐ No
If you answered yes,	<u> </u>	
please provide details:		
Has your company ever been guilty of grave professional misconduct proven by other means?		Yes No
If you answered yes,	•	ш
please provide details:	tions on the manner of T	
Has your company ever not fulfilled its obligations relating to the payment of social security contributaxes in accordance with the law of the country in which it is established, or with those of France, or		Yes
where the contract is to be performed?	those of the deathiry	No
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 frau involvement in a criminal organisation or any other illegal activity?	ud, corruption,	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		Yes
obligations, following another procurement procedure or grant award procedure financed by a dono	r 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?						Yes No	
If you answered yes, please provide details:							
Has your company ever borganisations (including a		iny Government A	Agency, the United Nations,	or Inte	rnational 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 ACT to your office?	ED sta	aff & external auditors		Yes 🗌 No
		PART II: C	ERTIFICATION				
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).							
Name:			Date:				
Title/Position			Place:				
E-mail address (for contact for verification purposes): Phone number (for contact for verification purposes):			Signature: Company Stamp:				
Check list of support	ing documents		1		For ACTED use	only	
Trading license	ing documents		Attached		Checked	Only	
,	x clearance certificate		Attached		Checked		
Company profile			Attached		Checked		
Proof of trading/dealership/agent		Attached		Checked			
5) Evidence of similar contracts		Attached		Checked			
6) References		Attached		Checked			
7) Particulars of CEO and key personnel		Attached		Checked			
8) Articles of Association & Certificate of incorporation		Attached		Checked			
9) Financial statements (latest)		Attached		Checked			
10) Other (specify):		Attached		Checked			