

Form PRO-06-1 (version May 2018)

BIDDER'S QUESTIONNAIRE

T/FWC/TRANSLATION SERVICES/BRT/03-01-2019

PART I: INFORMATION							
A. Company Details and Generation							
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 or Secre	tary of the Board of Directors or B	loard 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 organization					
Other names used (nicknames or		Gender (e.g. male, female)					
pseudonyms not listed as "Name")		conder (o.g. maie, iemaie)					
Current employer and job title:	1	Occupation					
Address of residence		Citizenship(s)					
Province/Region		E-mail address					
Is the individual a U.S. citizen or	Yes No	Professional Licenses – State					
legal permanent resident?		Issued Certifications					
	Executive Director, Deputy Director, Pr						
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 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					
le the individual e LLC efficience		Drofossional Liaspass State					
Is the individual a U.S. citizen or legal permanent resident?	Yes No	Professional Licenses – State Issued Certifications					
Management of the company: Chief I	Einance Officer or Chief Accountent	I I					
Name (as in passport or other government-issued photo ID)		Date of birth (mm/dd/yyyy)					
Government-issued photo		type of ID					
Identification Document (ID) number							
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					
Company's staff & insurance							
No. Full Time Employees:		Employee average work wage pe					
% of Men to Women:		Any employee(s) with relatives w	orking with ACTED?				

		r						
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 offered?			Yes No		
Name of insurance company:			Staff covered by health insurance?			Yes No		
Description of the Company								
Type of Business	Manuf	ecturing			Authorised Agent	Trader		
(multiple choices	Manufacturing							
possible):	Consulting Company			Other (Please Specify)				
Sector of Business	Goods/Supplies			Equipment Works				
(multiple choices	es Services			Other (Please Specify)	_			
possible):		.5				1		
Year Established:					Country of registration:			
Licence number:					Valid until:			
Working longuages:		English		French	Spanish	Russi	an	
Working languages:		Arabic		Chinese	e Other (Please Speci	ify)		
						_		
Technical documents		English		French		Russi	an	
available in:		Arabic		Chinese	e Other (Please Speci	ify)		
B. Financial Informat	ion							
VAT Number:					Tax Number:	T		
-								
Bank Name:					Bank Account Number:			
Bank Address:					Account Name:			
Swift/BIC number:					Standard Daymant Tarmay			
Swit/Die flumber.					Standard Payment Terms:			
Has the company been a	udited in the	e last 3 years?				Yes	No	
Please attach a copy of t	he company	's most recent Annua	al or Audi	ted Finan	cial Report	Attache	h	
Annual Value of Total Sa								
Year:	USD:		Year:		USD:	Year:	USD:	
Annual Value of Export S		last 3 vears	rear.		000.	rear.	000.	
Year:	USD:		Year:		USD:	Year:	USD:	
	000.		rour.		000.	rear.	000.	
C. Experience								
Company's recent busine	ess with AC1	ED and/or other Inte	rnational	Aid Agen	cies or United Nations Agencies	:		
Organisation	Col	ntact person	Phone	/E-mail	Goods/Works/Services	Value (USD)	Year	Destination
1		•						
2								
3								
4								
5								
5								
What is your company's	main area of	expertise?						
What is your company's				Nati	ional Restricted to (spe	city locations):		
To which countries has y		y exported and/or ma	inaged					
projects in the last 3 year								
Provide any other information			ipany's					
qualifications and experie	ence (e.g a	wards)						
List any national or intern		le/Professional Orgar	nisations					
of which your company is								
D. Technical Capabil	ity							
Type of Quality Assurance	e 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) 10)								
List the main assets of your company (trucks & heavy machines, heavy & valuable equipment, premises & warehouses, production sites etc.)								
1) 6)								
2)								
3)								
	4) 9) 5) 10)							
5) 10)								
E. Miscellaneous								
Does your company have an Environmental Policy? (Yes/No)								
Does your company have an Ethical Trading Policy? (Yes/No)						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)						No		
If you answered yes to the above two questions, please attach copies of your policy:								
n 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 courts, has entered							entered	Yes
into an arrangement with creditors, has suspended business activities, is the subject of proceedings concerning these matters, or is in							No	
any analogous situation arising from a similar procedure provided for in national law?								
any analogous situation a	insing nom	a oniniai procoaaro p						

If you answered yes, please provide details:							
	been convicted of an offence concerni	ch as force of res judicata?	Yes No				
If you answered yes, please provide details:							
Has your company ever	been guilty of grave professional misco	onduct proven by	y other means?		Yes No		
If you answered yes, please provide details:							
	not fulfilled its obligations relating to the of the country in which it is established		Yes No				
If you answered yes, please provide details:							
Has your company ever criminal organisation or a	been the subject of a judgement which any other illegal activity?	has the force of	f res judicata for fraud, corrupt	tion, involvement in a	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 obligations, following another procurement procedure or grant award procedure financed by a donor country?							
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?							
If you answered yes, please provide details:							
Has your company ever been in any dispute with any Government Agency, the United Nations, or International Aid Organisations							
If you answered yes, please provide details:							
Do you agree with terms	of payment of 30 days?		o you accept visit of ACTED s our office?	taff & external auditors to	Yes No		
		DAD	T II: CERTIFICATION				
		PAR	TII: 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).							
Name:			ate:				
Title/Position		Pla	ace:				
E-mail address (for contact for verification purposes):		Si	gnature:				
Phone number (for contact for verification purposes):		Co	ompany Stamp:				
Check list of supporting documents				Foi	ACTED use only		
1) Trading license			Attached	Checked			
2) VAT registration/tax clearance certificate			Attached	Checked			
3) Company profile			Attached	Checked			
4) 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			