

BIDDER'S QUESTIONNAIRE

T/16DMQ/29F/LFY/ANT/PRO/21-02-2019/01

PART I: INFORMATION								
A. Company Details and Genera	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: Chairma	an, Vice-Chairman, Treasurer c		Directors or Board of Trustees					
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		Gender (e.g. male, female)						
pseudonyms not listed as "Name")		Gender (e.g. maie, iemaie)						
Current employer and job title:		Occupation						
Address of residence		Citizenship(s)						
Province/Region		E-mail address						
Is the individual a U.S. citizen or	🗌 Yes 🗌 No	Professional Licenses –						
legal permanent resident?		State Issued Certifications						
Management of the company: CEO, E	Executive Director, Deputy Dire		dent					
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	<u> </u>	Gender (e.g. male, female)						
pseudonyms not listed as "Name")		Condor (o.g. maie, iemaie)						
Current employer and job title:		Occupation						
Address of residence		Citizenship(s)						
Province/Region		E-mail addresses						
Is the individual a U.S. citizen or	🗌 Yes 🗌 No	Professional Licenses –						
legal permanent resident?		State Issued Certifications						
Management of the company: Chief F	inance Officer or Chief Accourt							
Name (as in passport or other government-issued photo ID)		Date of birth (mm/dd/yyyy)						
Government-issued photo		type of ID						
	L	1						

Form PRO-06-1 (version May 2018)

ID country of issuance					Rank or title	in organization					
Other names used (nickn pseudonyms not listed as					Gender (e.g.	male, female)					
Current employer and job					Occupation						
Address of residence					Citizenship(s	6)					
Province/Region					E-mail addre	esses					
Is the individual a U.S. cit		🗌 Yes	□ N	0	Professional						
legal permanent resident	?			0	State Issued	Certifications					
Company's staff & insural					I_ ·						
No. Full Time Employees	:				Employee av	verage work wa	ge per hou	ir:			
% of Men to Women:			Any employee(s) with relatives working with ACTED?				🗌 Yes 🗌	No			
No. of Children:					Legal minim	um wage paid?				🗌 Yes 🗌	No
In what capacity?					Paid vacatio	ns are offered?				🗌 Yes 🗌	No
What are their ages?					Are flexible v	vorking hours o	ffered?			🗌 Yes 🗌	No
Name of insurance compa	any:				Staff covere	d by health insu	rance?			🗌 Yes 🗌	No
Description of the Compa	ny										
Type of Business	🗌 Manufac	turing			Authorised	l Agent	Trader				
(multiple choices possible):	Consultir	ng Company			Other (Ple	ase Specify)					
Sector of Business	Goods/S	upplies			Equipmen	t	U Works				
(multiple choices	Services				🗌 Other (Ple	ase Specify)					
possible):											
Year Established:					Country of re	egistration:					
Licence number:					Valid until:						
Working longuages;	🗌 Er	nglish		French		Spanish		Russian	l		
Working languages:	🗌 Ar			Chines		Other (Please S	Specify)				
Technical documents	🗌 Er	nglish		French	. [Spanish		🗌 Russian			
available in:	🗆 Ar	-		Chines		Other (Please S					
B. Financial Informati	on										
VAT Number:					Tax Number	:					
Bank Name:					Bank Accou	nt Number:					
Bank Address:					Account Nar	ne:					
Swift/BIC number:					Standard Pa	yment Terms:					
Has the company been a	udited in the la	ast 3 years	?					Yes	∐ No		
Please attach a copy of the company's most recent Annual or Audite			ed Financial F	Report		Attached					
Annual Value of Total Sal			Ma and				Maan				
Year:	USD:		Year:		USD:		Year:		USD:		
Annual Value of Export Sa		-	Vaan				Ma an				
	USD:		Year:		USD:		Year:		USD:		
C. Experience							<u> </u>				
Company's recent busine									Veer		
Organisation	Contact µ	person	Phone	e/E-mail	Goods/WC	orks/Services	value	(USD)	Year	Destinat	tion
2											
3											
4											
5	1										
What is your same and here	noin area of a	vnortie = 0		1	•						
What is your company's r What is your company's b		-		🗌 🗌 Nati		Restricted to					

To which countries has your company exported and/or					
managed projects in the last 3 years?					
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)				
2)	7)				
3)	8)				
4)	9)				
5)	10)				
List the main assets of your company (trucks & heavy mach 1)	nines, heavy & valuable equipment, premises & warehouses 6)	, productio	n sites etc.)		
2)	7)				
3)	8)				
4)	9)				
5)	10)				
E. Miscellaneous					
Does your company have an Environmental Policy? (Yes/No	0)	🗌 Yes	🗆 No		
Does your company have an Ethical Trading Policy? (Yes/N	lo)	□ Yes	□ No		
Does your company have an Anti-terrorist Policy? (Yes/No)					
Is your company compliant with the EU General Data Protect	ction Regulation (or equivalent)? (Yes/No)				
If you answered yes to the above two questions, please atta					
Has your company ever been bankrupt, or is in the process entered into an arrangement with creditors, has suspended matters, or is in any analogous situation arising from a simil	business activities, is the subject of proceedings concernin		Yes No		
If you answered yes, please provide details:					
Has your company ever been convicted of an offence concerning its professional conduct by a judgment which as force of res judicata?					
If you answered yes, please provide details:					
Has your company ever been guilty of grave professional misconduct proven by other means?					
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 taxes in accordance with the law of the country in which it is established, or with those of France, or those of the country where					
the contract is to be performed?					
If you answered yes, please provide details:			Yes		
Has your company ever been the subject of a judgement which has the force of res judicata for fraud, corruption, involvement in a criminal organisation or any other illegal activity?					
If you answered yes, please provide details:					
Has your company ever been declared to be in serious brea following another procurement procedure or grant award pro		ations,	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 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 30 days?	of payment	🗌 Yes 🗌 No	Do you accept visit of ACTED staff & external auditors to Yes No your office?							
PART II: 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:			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 documents				For ACTED use of	only					
, ,	Trading license		Attached	Checked						
	2) VAT registration/tax clearance certificate			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						
,	ion & Certificate of inco	rporation	Attached	Checked						
9) Financial statement	ts (latest)		Attached							
10) Other (specify):			Attached	Checked						