

## **BIDDER'S QUESTIONNAIRE – ACTED Yemen**

## Date :

## Tender N° : T/15DJS/4ENFK/PGM/SAN/21-02-2019/001

	PAR	T I: INFORMATION	
A. Company Details an			
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 name of owner		Subsidiaries/ Associates/ Overseas Representative	
Sales Person's Name		Sales Person's Position	
Sales Person's phone		Sales Persons' E-mail	
•	v: Chairman Vice-Chairman Tr	easurer or Secretary of the Boar	d of 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 compar	ny: CEO, Executive Director, De	puty Director, President or Vice-	President
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		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 addresse	5	
Is the individual a U.S. citizen or legal permanent resident?	Ses Ses	Professional Lice State Issued Cer		
Management of the compar	y: Chief Finance Offic	er or Chief Accountant		
Name (as in passport or other government-issued photo ID)		Date of birth (mn	n/dd/yyyy)	
Government-issued photo Identification Document (ID) number		type of ID		
ID country of issuance		Rank or title in o	rganization	
Other names used (nicknames or pseudonyms not listed as "Name")		Gender (e.g. ma	le, female)	
Current employer and job title:		Occupation		
Address of residence		Citizenship(s)		
Province/Region		E-mail addresse	S	
Is the individual a U.S. citizen or legal permanent resident?	Yes [	Professional Lice State Issued Cer		
Company's staff & insurance	9			
No. Full Time Employees:			ge work wage per hour:	
% of Men to Women:		Any employee(s) ACTED?	with relatives working with	Yes   No
No. of Children:		Legal minimum v	÷ ·	Yes No
In what capacity?		Paid vacations a	re offered?	🔄 Yes 🛄 No
What are their ages?		Are flexible work	ing hours offered?	🗌 Yes 🗌 No
Name of insurance company:		Staff covered by	health insurance?	🗌 Yes 🗌 No
Description of the Company				
Type of Business (multiple choices possible):	——— Manufacturi — Consulting (	Authorised A		



Sector of Bus (multiple cho possible):			ods/Suppl vices	🗌 Equipm 🗌 Other (	ent Please Specify}	- Wate	5	
Year Establis					of registration:			
Licence num	ber:			Valid unt	il:			
Working lang	guages:		English	French   Chinese	Spanish	se Specify)	🗌 Russian	
Technical do available in:			🗌 English	Chinese	🗌 Spanish	ease Specif	∏ Russian ÿ}	
B. Financia	al Informatio	n						
VAT Number	r:			Tax Num	iber:			
Bank Name:				Bank Ac	count Number:			
Bank Addres	S:			Account	Name:			
Swift/BIC nur				Standard	I Payment Terms:	: .	🗌 Yes 🗌	] No
last 3 years?							Attached	
	h a copy of the e of Total Sale:		most recent Annua	I or Audited F	inancial Report			
	Year:	USD:	Year:		USD:	Year:	USD:	
Annual Value last 3 years	e of Export Sal Year:	es for the USD:	Year:		USD:	Year:	USD:	
C. Experier	nce							
		with ACTE	D and/or other Inte	rnational Aid	Agencies or Unite	d Nations Ad	rencies:	
o o inpuny o n		Conta			igeneice er ernite	Valu	jonoloo.	
	Organisati on	ct perso n	Phone/E-mail	Goods/V	Vorks/Services	e (US D)	Year	Destination
1								
2								
3								ļ
4								
5								
expertise? What is your coverage are To which cou	untries has you d/or managed p	siness r company	Naliona	4	Restricted to (	specify loca	<b>f</b> on	
Provide any	other informati s your compan							



qualifications and experience (eg. awards)			
List any national or international Trade/Professional Organisations of			
which your company is a member D. Technical Capability			
. ,			Attached
Type of Quality Assurance Certificate			Attached
Type of Certification/Qualification Documents			
International Offices/Representation			·
List below up to 10 of the core Goods an	d/or Services your company sells:		
1)	6)		
2)	7)		
3) 4)	8) 9)		
5)	10)		
	ucks & heavy machines, heavy & valuable equipme	nt, premises & warehou	ses, production sites
etc.)			
1)	6)		
2)	7)		
3) 4)	8) 9)		
5)	10)		
E. Miscellaneous			
			-
Does your company have an Environme	🗌 Yes 🗌 N	P	
Does your company have an Ethical Tra		D	
Does your company have an Anti-terroris	🗌 Yes 🗌 N	D.	
Is your company compliant with the EU ( equivalent)? (Yes/No)	lo.		
If you answered yes to the above two qu	estions, please attach copies of your policy:		Attached
the courts, has entered into an arrangem	or is in the process of being wound up, having its af nent with creditors, has suspended business activitie or is in any analogous situation arising from a similar	es, is the subject of	🗌 Yes 🗌 Ni
If you answered yes, please provide details:			
Has your company ever been convicted as force of res judicata?	of an offence concerning its professional conduct by	y a judgment which	🗌 Yes 🗌 Ni
If you answered yes,			
please provide details:			
Has your company ever been guilty of g	rave professional misconduct proven by other mean	s?	🗌 Yes 🗌 Nt
If you answered yes, please provide details:			
	bligations relating to the payment of social security of law of the country in which it is established, or with s to be performed?		🗌 Yes 🗌 Nt



If you answered yes, please provide details:				
	en the subject of a judgement whi ganisation or any other illegal act		a for fraud, corruption,	🗌 Yes 🗌 Nit
If you answered yes, please provide details:				
	en declared to be in serious bread er procurement procedure or grar			🗌 Yes 🗌 Ni
If you answered yes, please provide details:				
	en declared to be in serious bread er procurement procedure or grar			🗌 Yes 🗌 Ni
If you answered yes, please provide details:				
Has your company ever be Aid Organisations (including	en in any dispute with any Goverr g ACTED)?	nment Agency, the United Nation	ons, or International	🗌 Yes 🗌 Nt
If you answered yes, please provide details:				
Do you agree with terms of payment of 30 days?	🗌 Yes 🗌 No	Do you accept visit of ACTE auditors to your office?	D staff & external	🗌 Yes 🗌 No
ACTED as soon as possible subsidiaries, which engage Conflict of Interest, Anti-fran Name: Title/Position E-mail address (for contact for verification purposes): Phone number (for contact for verification purposes):	that the information provided in th e in writing. I also understand that in any practices that are in breac ud, Anti-terrorism Policy and Data	ACTED does not do business h of ACTED's Child Protection	with companies, or any a , Sexual Exploitation and on request).	affiliates or Abuse Protection,
Check list of supportin	g documents		For ACTE	) use only
1) Trading licer	ise	Attached	Cheded	
2) VAT registra	tion/tax clearance certificate	Attached	Checked	
3) Company pr	ofile	Attached	Checked	
,	ing/dealership/agent	Attached	Checked	
,	similar contracts	Attached	Cheded	
6) References		Attached	Checked Checked	
-	f CEO and key personnel	Attached		
o) incorporation	ssociation & Certificate of	Attached	Cheded	
	tements (latest)			



Other     Other       10)     (specify):	
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