

BIDDER'S QUESTIONNAIRE - ACTED NIGERIA

Tender No.: T/35DOM/NFK/BMS/PROG/MDG/20190201/01

Tender No 1/33DOW/NFK/BI	VIS/PROG/IVID	•		
			NFORMATION	
A. Company Details and Genera	al Information	1		
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-Chairm	an Treasurer		Directors or Board of Trustees
Name (as in passport or other	in, vice onaimi	ari, rreasarer	Date of birth (mm/dd/yyyy)	The store of Board of Trustees
government-issued photo ID)			Date of bitti (IIIII/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			Professional Licenses –	
legal permanent resident?	Yes	∐ No	State Issued Certifications	
Management of the company: CEO, I	xecutive Direct	or. Deputy Dire		ident
Name (as in passport or other		,	Date of birth (mm/dd/yyyy)	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 addresses	
Is the individual a U.S. citizen or legal permanent resident?	Yes	☐ No	Professional Licenses – State Issued Certifications	
Management of the company: Chief F	inance Officer o	or Chief Accou	ntant	
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 (nickr pseudonyms not listed as				Gender (e.g. male, female)				
				Ossumation				
Current employer and job	o title:			Occupation				
Address of residence				Citizenship(s)				
Province/Region				E-mail addresses				
Is the individual a U.S. ci legal permanent resident		; [] I	No	Professional Licenses – State Issued Certifications				
<u> </u>				State 133ded Certifications				
Company's staff & insura No. Full Time Employees				Employee average work wa	ge per hour:			
% of Men to Women:). 			Employee average work wage per hour: Any employee(s) with relatives working with ACTED?			Yes	s No
No. of Children:				Legal minimum wage paid?		OILD.	Yes	
In what capacity?				Paid vacations are offered?			Yes	
What are their ages?				Are flexible working hours of	ffered?		Yes	
Name of insurance comp	anv.			Staff covered by health issu			Yes	
Description of the Compa				Johan Governou by Housen 1999				,
Type of Business	T			Authorized Agent	Tue deu			
(multiple choices	Manufacturing			Authorised Agent	Trader			
possible):	Consulting Com	pany		U Other (Please Specify)				
Sector of Business	Goods/Supplies	.		Equipment	Works			
(multiple choices	Services			Other (Please Specify)				
possible):	Services				T			
Year Established:				Country of registration:				
Licence number:				Valid until:				
Working languages:	☐ English☐ Arabic		Frencl	H	Russ Specify)	sian		
Technical documents available in:	☐ English ☐ Arabic		Frencl Chines	<u> </u>	Russ	ian		
B. Financial Informat	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	udited in the last 3 y	ears?			Yes			
Please attach a copy of t	he company's most i	ecent Annua	l or Audite	ed Financial Report	Attache	ed		
Annual Value of Total Sa		irs:						
Year:	USD:	Year:		USD:	Year:	USD:		
Annual Value of Export S Year:	Sales for the last 3 ye USD:	ars Year:		USD:	Year:	USD:		
C. Experience								
Companie's recent busin	ess with ACTED and	l/or other Inte	ernational	Aid Agencies or United Nation	ons Agencies:		-	
Organisation	Contact person		e/E-mail	Goods/Works/Services	Value (USD)	Year	Docti	ination
	Contact person	THORE	-man	Goods/ Works/Gervices	value (OOD)	rear	Desti	Hation
1								
2							<u> </u>	
3							<u></u>	
4								
5								
	<u> </u>			l	l	<u> </u>		
What is your company's						7		
What is your company's	•		Na	tional Restricted to	(specify locations):			
To which countries has y		ed and/or						
managed projects in the	iast 3 years?							

Provide any other information that demonstrates your				
company's qualifications and experience (eg. awards) List any national or international Trade/Professional				
Organisations of which your company is a member				
D. Technical Capability				
Type of Quality Assurance Certificate		A	Attached	
Type of Certification/Qualification Documents		A	Attached	
International Offices/Representation				
List below up to 10 of the core Goods and/or Services your company sells:				
6)				
2) 7)				
3) 8) 4) 9)				
5)				
List the main assets of your company (trucks & heavy machines, heavy & valuable	equipment, premises & warehouses,	production	sites etc.)	
1) 6)				
2) 7)				
8)				
4) 9) 5) 10)				
E. Miscellaneous				
Does your company have an Environmental Policy? (Yes/No)		Yes		
Does your company have an Ethical Trading Policy? (Yes/No)			_ No □ No	
Does your company have an Anti-terrorist Policy? (Yes/No) Is your company compliant with the EU General Data Protection Regulation (or equivalent)? (Yes/No) Yes				
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, have has entered into an arrangement with creditors, has suspended business activities.			Yes	
these matters, or is in any analogous situation arising from a similar procedure pro-		'''''9 [No	
If you answered yes,				
please provide details:				
Has your company ever been convicted of an offence concerning its professional cres judicata?	onduct by a judgment which as force	of [Yes No	
If you answered yes,				
please provide details:			7	
Has your company ever been guilty of grave professional misconduct proven by other	ner 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 paymen	t of I	Yes	
taxes in accordance with the law of the country in which it is established, or with the			res No	
where the contract is to be performed?				
If you answered yes, please provide details:				
Has your company ever been the subject of a judgement which has the force of resin a criminal organisation or any other illegal activity?	s judicata for fraud, corruption, involve	ment _	Yes No	
If you answered yes, please provide details:				
Has your company ever been declared to be in serious breach of contract for failure			Yes	
obligations, following another procurement procedure or grant award procedure fin-	anced by a donor 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?				
	•			
Agency, the United Nations,	or International Aid	Yes No		
Do you accept visit of ACTE to your office?	D staff & external auditors	Yes No		
ERTIFICATION				
O does not do business with Protection, Sexual Exploitation ble on request).	companies, or any affiliates o	or subsidiaries,		
Company Stamp:				
	For ACTED use	only		
Attached	Checked	-		
Attached	Checked			
✓ Attached	Checked			
Attached	Checked			
	Agency, the United Nations, Do you accept visit of ACTE to your office? ERTIFICATION is correct, and in the event of does not do business with Protection, Sexual Exploitation of the on request. Date: Place: Signature: Company Stamp: Attached Attached	Agency, the United Nations, or International Aid Do you accept visit of ACTED staff & external auditors to your office? ERTIFICATION is correct, and in the event of changes, details will be produced on the protection, Sexual Exploitation and Abuse Protection, Corpole on request). Date: Place: Signature: Company Stamp: For ACTED use Attached Checked		