

## **BIDDER'S QUESTIONNAIRE**

Ref : T/FA/10/CLEANING AND KITCHEN SUPPLIES/DOHUK/25022019/001

	PAR	T I: INFORMATION	
A. Company Details and Ge	neral 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: Ch	airman, Vice-Chairman, Treasure	r or Secretary of the Board of	Directors or Board of Trustees
Name (as in passport or other		Date of birth (mm/dd/yyyy)	
government-issued photo ID)			
Government-issued photo		Type of ID	
Identification Document (ID) num	ber	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
ID country of issuance		Rank or title in	
ID country of issuance		organization	
		-	
Other names used (nicknames o		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 address	
Is the individual a U.S. citizen or	Yes No	Professional Licenses –	
legal permanent resident?		State Issued Certifications	
	EO, Executive Director, Deputy Di		ident
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) num	ber		
ID country of issuance		Rank or title in	
-		organization	
Other names used (nicknames o	r	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 addresses	
Is the individual a U.S. citizen or legal permanent resident?	Yes No	Professional Licenses – State Issued Certifications	

Management of the comp	any: Chief F	- inance Officer or Chi	ief Accour	ntant			
Name (as in passport or c				Date of birth (mn	n/dd/yyyy)		
government-issued photo	ID)						
Government-issued photo	)			type of ID			
Identification Document (I	D) number						
ID country of issuance				Rank or title in			
,				organization			
Other names used (nickna	ames or			Gender (e.g. ma	le, female)		
pseudonyms not listed as	"Name")						
Current employer and job	title:			Occupation			
Address of residence				Citizenship(s)			
Province/Region				E-mail addresses	S		
Is the individual a U.S. citi		Yes N	0	Professional Lice			
legal permanent resident?	2		0	State Issued Cer	rtifications		
Company's staff & insurar	nce	-					
No. Full Time Employees:				Employee avera			
% of Men to Women:						ves working with ACTED?	Yes No
No. of Children:				Legal minimum v			Yes No
In what capacity?				Paid vacations a			Yes No
What are their ages?				Are flexible work	-		Yes No
Name of insurance compa	any:			Staff covered by health insurance?			
Description of the Compa	ny						
Type of Business	Manufa	acturing		Authorised Age	ent	Trader	
(multiple choices		ting Company		Other (Please Specify)			
possible): Sector of Business					Specify		
(multiple choices	Goods/	/Supplies		Equipment		Works	
possible):	Service	2S		Other (Please S	Specify)		
Year Established:				Country of regist	ration:		
Licence number:				Valid until:			
		English	French	ı 🗌 Sr	panish	Russian	
Working languages:	_	Arabic	Chines	81	ther (Please		
	'						
Technical documents		English	French	ו <u>S</u>	panish	Russian	
available in:		Arabic	Chines	ie O	ther (Please	Specify)	
B. Financial Informati	on						
VAT Number:	-			Tax Number:			
Bank Name:				Bank Account N	umbor		
					umper.		
Bank Address:				Account Name:			
Swift/BIC number:				Standard Payme	ent Terms:		
Has the company been at	udited in the	last 3 years?		-		Yes No	
Please attach a copy of th	e company	s most recent Annua	l or Audite	ed Financial Repo	ort	Attached	
Annual Value of Total Sal	es for the la	st 3 Years:					
	USD:	Year:		USD:		Year: USD:	
Annual Value of Export Sa		-					
	USD:	Year:		USD:		Year: USD:	
C. Experience							

Comp	any's recent busine	ess with ACTED and/or of	other Intern	ational A	Aid Agencies or United Natio	ons Agencies:			
	Organisation	Contact person	Phone/E	E-mail	Goods/Works/Services	Value (USD)	Year		Destination
1									
2									
3									
4									
5									
		main area of expertise?							
What	is your company's l	business coverage area	?	Nat	ional Restricted to	o (specify locations):			
	iich countries has y ged projects in the	our company exported a last 3 years?	and/or						
		ation that demonstrates and experience (e.g av							
		ational Trade/Professio our company is a memb							
D. Te	chnical Capabil	ity							
Туре	of Quality Assurance	e Certificate						At	tached
Туре	of Certification/Qua	lification Documents						At	tached
Intern	ational Offices/Rep	resentation							
	elow up to 10 of the	core Goods and/or Ser	vices your		y sells:				
1) 2)				6) 7)					
3)				8)					
4)				9)					
5)				10)					
1) 2) 3) 4) 5)				6) 7) 8) 9) 10)					
E. Mi	scellaneous								
Does	your company have	e an Environmental Poli	cy? (Yes/No	c)			Yes		] No
Does	your company have	e an Ethical Trading Poli	icy? (Yes/N	lo)			Yes		No
Does	your company have	e an Anti-terrorist Policy	? (Yes/No)				Yes		No
ls you	r company complia	nt with the EU General I	Data Protec	ction Reg	gulation (or equivalent)? (Ye	s/No)	Yes		No
		e above two questions,							Attached
, , , , , , , , , , , , , , , , , , , ,									Yes
has e	ntered into an arrar	gement with creditors, h	nas suspen	ded bus	wound up, having its affairs iness activities, is the subjec procedure provided for in na	ct of proceedings co			] No
-	answered yes, e provide details:								
-	our company ever l dicata?	been convicted of an off	ence conce	erning its	professional conduct by a ju	udgment which as	force of		] Yes ] No
	answered yes, e provide details:								
Has y	our company ever l	peen guilty of grave prof	essional m	isconduo	ct proven by other means?				] Yes ] No
	answered yes, e provide details:								
taxes		the law of the country in			ment of social security contri hed, or with those of France				] Yes ] No

If you answered yes, please provide details:				
	been the subject of a judgement which organisation or any other illegal activit		or fraud, corruption,	Yes No
If you answered yes, please provide details:				
	been declared to be in serious breach of the procurement procedure or grant a			Yes No
If you answered yes, please provide details:				
	been declared to be in serious breach of the procurement procedure or grant a	-	·	Yes No
If you answered yes, please provide details:				
Has your company ever b Organisations (including	oeen in any dispute with any Governme ACTED)?	ent Agency, the United Nation	s, or International Aid	Yes No
If you answered yes, please provide details:				
Do you agree with terms	of payment of 30 days?	No Do you accept visit of AC to your office?	CTED staff & external auditors	Yes No
	PA	RT II: CERTIFICATION	١	
as possible in writing. I al practices that are in brea	nt that the information provided in this f so understand that ACTED does not d			
and Data FIDIECTION FUNC	ch of ACTED's Child Protection, Sexua		ection, Conflict of Interest, Ant	
Name:				
Name: Title/Position		al Exploitation and Abuse Prot		
Name:		al Exploitation and Abuse Prot		
Name: Title/Position E-mail address (for contact for verification		al Exploitation and Abuse Prot Date: Place:		
Name: Title/Position E-mail address (for contact for verification purposes): Phone number (for contact for verification purposes):	cies (available on request).	Al Exploitation and Abuse Prot     Date:     Place:     Signature:	ection, Conflict of Interest, Ant	i-fraud, Anti-terrorism Policy
Name: Title/Position E-mail address (for contact for verification purposes): Phone number (for contact for verification	cies (available on request).	Al Exploitation and Abuse Prot     Date:     Place:     Signature:	ection, Conflict of Interest, Ant	
Name: Title/Position E-mail address (for contact for verification purposes): Phone number (for contact for verification purposes): <b>Check list of support</b> 1) Trading license	cies (available on request).	Date:     Place:     Signature:     Company Stamp:	Ection, Conflict of Interest, Ant	i-fraud, Anti-terrorism Policy
Name: Title/Position E-mail address (for contact for verification purposes): Phone number (for contact for verification purposes): <b>Check list of support</b> 1) Trading license	ties (available on request).	Al Exploitation and Abuse Prot     Date:     Place:     Signature:     Company Stamp:     Attached	Ection, Conflict of Interest, Ant	i-fraud, Anti-terrorism Policy
Name: Title/Position E-mail address (for contact for verification purposes): Phone number (for contact for verification purposes): Check list of support 1) Trading license 2) VAT registration/ta	ties (available on request).	Date:     Place:     Signature:     Company Stamp:     Attached     Attached	Ection, Conflict of Interest, Ant	i-fraud, Anti-terrorism Policy
Name: Title/Position E-mail address (for contact for verification purposes): Phone number (for contact for verification purposes): Check list of support 1) Trading license 2) VAT registration/ta. 3) Company profile	ties (available on request).	Al Exploitation and Abuse Prot     Date:     Place:     Signature:     Company Stamp:     Attached     Attached     Attached     Attached	Ection, Conflict of Interest, Ant	i-fraud, Anti-terrorism Policy
Name: Title/Position E-mail address (for contact for verification purposes): Phone number (for contact for verification purposes): Check list of support 1) Trading license 2) VAT registration/ta 3) Company profile 4) Proof of trading/dea 5) Evidence of similar 6) References	ing documents x clearance certificate alership/agent contracts	Date:     Place:     Signature:     Company Stamp:     Attached     Attached     Attached     Attached     Attached     Attached	Ection, Conflict of Interest, Ant	i-fraud, Anti-terrorism Policy
Name: Title/Position E-mail address (for contact for verification purposes): Phone number (for contact for verification purposes): Check list of support 1) Trading license 2) VAT registration/ta: 3) Company profile 4) Proof of trading/dea 5) Evidence of similar 6) References 7) Particulars of CEO	ing documents  x clearance certificate  alership/agent contracts and key personnel	Date:     Place:     Signature:     Company Stamp:     Attached	Ection, Conflict of Interest, Ant  For ACT  Checked  Checked  Checked  Checked  Checked  Checked  Checked	i-fraud, Anti-terrorism Policy
Name: Title/Position E-mail address (for contact for verification purposes): Phone number (for contact for verification purposes): Check list of support 1) Trading license 2) VAT registration/ta. 3) Company profile 4) Proof of trading/dea 5) Evidence of similar 6) References 7) Particulars of CEO 8) Articles of Associat	ing documents ing documents x clearance certificate alership/agent contracts and key personnel ion & Certificate of incorporation	Date:     Place:     Signature:     Company Stamp:     Attached     Attached	Ection, Conflict of Interest, Ant  For ACT  Checked	i-fraud, Anti-terrorism Policy
Name: Title/Position E-mail address (for contact for verification purposes): Phone number (for contact for verification purposes): Check list of support 1) Trading license 2) VAT registration/ta: 3) Company profile 4) Proof of trading/dea 5) Evidence of similar 6) References 7) Particulars of CEO	ing documents ing documents x clearance certificate alership/agent contracts and key personnel ion & Certificate of incorporation	Date:     Place:     Signature:     Company Stamp:     Attached	Ection, Conflict of Interest, Ant  For ACT  Checked  Checked Checked Checked Checked	i-fraud, Anti-terrorism Policy