

ACTE	D				Form PRO-06-1 (version May 2018)
AOIL	F	PART B - I		QUESTIONNAIRE	T/17DOV/H92TMULTI/ANT/PRO/27-03-2019/1
				: INFORMATION	
A. Company Details a	ind Genera	al Information	on		
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	
Governance of the compa	any: Chairma	an, Vice-Chai	rman, Treasurer	or Secretary of the Board of L	Directors or Board of Trustees
Name (as in passport or ogovernment-issued photo				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	
ls the individual a U.S. citizen or legal permanent resident?		Yes	☐ No	Professional Licenses – State Issued Certifications	
Management of the comp	any: CEO, E	Executive Dire	ector, Deputy Dir	ector, President or Vice-Presi	ident
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 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 Office	r or Chief Accou	ıntant	
Name (as in passport or ogovernment-issued photo	other			Date of birth (mm/dd/yyyy)	
Government-issued photo				type of ID	

ID country of issuance	F			Rank or title in organization				
	er names used (nicknames or udonyms not listed as "Name")			Gender (e.g.	male, female)			
Current employer and job			Occupation					
Address of residence			Citizenship(s)				
Province/Region			E-mail addre	sses				
Is the individual a U.S. cit legal permanent resident	Yes] No	Professional State Issued	Licenses – Certifications				
Company's staff & insura	nce							
No. Full Time Employees	:			Employee av	erage work wa	ge per hour:		
% of Men to Women:				Any employee(s) with relatives working with ACTED?			Yes No	
No. of Children:				Legal minimu	ım wage paid?			Yes No
In what capacity?				Paid vacation	ns are offered?			Yes No
What are their ages?				Are flexible working hours offered?			Yes No	
Name of insurance comp	any:			Staff covered by health insurance?				Yes No
Description of the Compa	any							
Type of Business (multiple choices possible):	Manufacturing Consulting Company			Authorised Other (Ple	Agent Trader se Specify)			
Sector of Business (multiple choices possible):	Goods Service	/Supplies es		☐ Equipmen☐ Other (Ple	t ase Specify)	Works		
Year Established:				Country of re	gistration:			
Licence number:				Valid until:				
Working languages:		English Arabic	☐ Frenc	-	Spanish Other (Please	Specify)	Russian	
Technical documents available in:		English Arabic	Frenc		Spanish Other (Please	Specify)	Russian	
B. Financial Informat	ion							
VAT Number:				Tax Number:				
Bank Name:				Bank Accour	nt Number:			
Bank Address:				Account Nan	ne:			
Swift/BIC number:				Standard Pag	yment Terms:			
Has the company been a	udited in the	last 3 years?				Y	es No)
Please attach a copy of the company's most recent Annual or Audite				ed Financial R	eport	A	ttached	
Annual Value of Total Sal						.,	1105	
Year:	USD:	Year:		USD:		Year:	USD:	
Annual Value of Export S Year:	USD:	ast 3 years Year:		USD:		Year:	USD:	
C. Experience								
Company's recent busine	ss with ACT	ED and/or other In	ternational /	Aid Agencies o	or United Nation	ns Agencies:		
Organisation	Contact	person Pho	ne/E-mail	Goods/Wo	rks/Services	Value (U	SD) Year	Destination
1								
2								
3								
4								
5								
What is your company's r		•						
What is your company's t	ousiness cov	verage area?	☐ Na	ntional	Restricted to	(specify locati	ons):	

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			At	tached
Type of Certification/Qualification Documents			At	tached
International Offices/Representation				
List below up to 10 of the core Goods and/or Services you	r company sells:			
1)	6)			
2)				
3)	8)			
4)	9)			
5)	10)			
1) 2) 3) 4)	chines, heavy & valuable equipment, premises & warehouses 6) 7) 8) 9)	s, production	n sites	s etc.)
5)	10)			
E. Miscellaneous				
Does your company have an Environmental Policy? (Yes/N	· ·	Yes		No
Does your company have an Ethical Trading Policy? (Yes/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 at	ach copies of your policy:			Attached
entered into an arrangement with creditors, has suspended matters, or is in any analogous situation arising from a sim	s of being wound up, having its affairs administered by the co d business activities, is the subject of proceedings concernin ilar procedure provided for in national law?			Yes No
If you answered yes, please provide details:				
Has your company ever been convicted of an offence conc judicata?	erning its professional conduct by a judgment which as force	e of res		Yes No
If you answered yes, please provide details:				
Has your company ever been guilty of grave professional r	nisconduct proven by other means?			Yes No
If you answered yes, please provide details:				
taxes in accordance with the law of the country in which it is the contract is to be performed?	to the payment of social security contributions, or the payme is established, or with those of France, or those of the count			Yes No
If you answered yes, please provide details:				
a criminal organisation or any other illegal activity?	which has the force of res judicata for fraud, corruption, involv	rement in		Yes No
If you answered yes,				
please provide details: Has your company eyer been declared to be in serious bre	each of contract for failure to comply with its contractual oblig	ations		Voc
following another procurement procedure or grant award p		,	H	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 borganisations (including		ith any Government A	Agency, the United Nations, c	r International Aid	Yes No	
If you answered yes, please provide details:						
Do you agree with terms of 30 days?	you agree with terms of payment Yes No 30 days?		Do you accept visit of ACTE your office?	ED staff & external auditors to	Yes No	
	-	•			-	
		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:						
Title/Position			Place:			
E-mail address (for contact for verification purposes):			Signature:			
Phone number (for contact for verification purposes):			Company Stamp:			
Check list of support	ing documents		For ACTED use	only		
 Trading license 			Attached	Checked		
,	x 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		
Articles of Association & Certificate of incorporation Financial statements (latest)			Attached	Checked		
-/ · /			Attached	Checked		
10) Other (specify):			Attached	Checked		