

PART B - BIDDER'S QUESTIONNAIRE

Form PRO-06-1 (version May 2018)

T/17DOV/H92TMULTI/ANT/PRO/12-03-2019/1

PART I: INFORMATION								
A. Company Details and G	eneral Information							
Name of Company		Trading As						
Address (headquarters)		Telephone						
Zip Code (headquarters)		Fax						
		E-mail address 1						
City (headquarters) 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: C	hairman, Vice-Chairman, Treasurer	or Secretary of the Board of L	Directors or Board of Trustees					
Name (as in passport or other		Date of birth (mm/dd/yyyy)						
government-issued photo ID)		Trans of ID						
Government-issued photo Identification Document (ID) nu	mber	Type of ID						
identification Decament (ID) ha								
ID country of issuance		Rank or title in organization						
Other names used (nicknames	or	Gender (e.g. male, female)						
pseudonyms not listed as "Nam	ie")							
Current employer and job title:		Occupation						
Address of residence		Citizenship(s)						
Province/Region		E-mail address						
Is the individual a U.S. citizen o	r 🗌 Yes 🗌 No	Professional Licenses – State Issued Certifications						
legal permanent resident?		State Issued Certifications						
Management of the company: C	CEO, Executive Director, Deputy Dir	ector, President or Vice-Presi	dent					
Name (as in passport or other		Date of birth (mm/dd/yyyy)						
government-issued photo ID)		ture of ID						
Government-issued photo Identification Document (ID) nu	mber	type of ID						
ID country of issuance		Rank or title in organization						
Other names used (nicknames		Gender (e.g. male, female)						
pseudonyms not listed as "Nam Current employer and job title:	(e")	Occupation						
Address of residence		Occupation						
		Citizenship(s)						
Province/Region		E-mail addresses						
Is the individual a U.S. citizen o legal permanent resident?	Yes No	Professional Licenses – State Issued Certifications						
Management of the company: C	Chief Finance Officer or Chief Accou	ntant						
Name (as in passport or other		Date of birth (mm/dd/yyyy)						
government-issued photo ID)		ture of ID						
Government-issued photo		type of ID						

					1						
ID country of issuance					Rank or tit	le in organization					
Other names used (nicknames or					Gender (e	.g. male, female)					
pseudonyms not listed as					a						
Current employer and job				Occupatio							
Address of residence					Citizenshi						
Province/Region					E-mail add						
Is the individual a U.S. cit legal permanent resident		Yes	1	No		al Licenses – ed Certifications					
legal permanent resident	:				State 1550	eu certifications					
Company's staff & insura	ince										
No. Full Time Employees	:				Employee	average work wa	ge per hou	ır:			
% of Men to Women:					Any employee(s) with relatives working with ACTED?					Yes	No
No. of Children:					Legal minimum wage paid?						No
In what capacity?						ions are offered?				Yes	No
What are their ages?						e working hours o				Yes	No
Name of insurance comp					Staff cove	red by health insu	irance?			Yes	No
Description of the Compa	any										
Type of Business	🗌 Manuf	acturing			Authori	sed Agent	Trader				
(multiple choices possible):	Consu	Iting Company	,		🗌 Other (Please Specify)					
, ,		/Supplies			Equipm	ent	Works				
Sector of Business (multiple choices											
possible):		es				Please Specify)					
Year Established:					Country of	registration:					
Licence number:					Valid until:						
		English		French	A A A A A A A A A A A A A A A A A A A						
Working languages:											
Technical documents		English		French		Spanish	1 //	Russian			
available in:		Arabic				Other (Please	Specify)				
B. Financial Informat	ion					<u> </u>	,				
VAT Number:					Tax Numb	er:					
Bank Name:					Bank Acco	ount Number:					
Bank Address:					Account Name:						
Swift/BIC number:					Standard I	Payment Terms:					
Has the company been a	udited in the	last 3 years	?					Yes	No		
Please attach a copy of the				l or Audite	ed Financial Report						
Annual Value of Total Sa						•					
Year:	USD:		Year:		USD:		Year:		USD:		
Annual Value of Export S			i ouri		000.		i our.		000.		
Year:	USD:	-	Year:		USD:		Year:		USD:		
C. Experience											
Company's recent busine	ess with ACT	ED and/or o	ther Inter	rnational A	Aid Agencie	s or United Natio	ns Agencie	<i>7</i> 6.			
Organisation		t person		e/E-mail	-	Vorks/Services	-	e (USD)	Year	Dost	ination
1	Contact	person	THONE	≓/L-man	00000,1		Value	(002)	1001	Desi	mation
2											
3											
4											
5											
What is your companying	main area of	ovportical		1							
What is your company's r What is your company's h		-		<u> </u>			. (an: ()	antine - ·			
INVITATIS VOUL COMPANY'S I	DUSINESS CO	/erage area?		Na Na	tional	Restricted to	o (specity lo	cations):			

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	I					
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 machines, heavy & valuable equipment, premises & warehouses	, productio	n sites etc.)				
1) 6)						
2) 7)						
3) 8)						
4) 9)						
5) 10)						
E. Miscellaneous						
Does your company have an Environmental Policy? (Yes/No)	Yes	No				
Does your company have an Ethical Trading Policy? (Yes/No)	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)	Yes	No				
If you answered yes to the above two questions, please attach copies of your policy:						
Has your company ever been bankrupt, or is in the process of being wound up, having its affairs administered by the co entered into an arrangement with creditors, has suspended business activities, is the subject of proceedings concerning matters, or is in any analogous situation arising from a similar procedure provided for in national law?		Yes				
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:						
Has your company ever been the subject of a judgement which has the force of res judicata for fraud, corruption, involv a criminal organisation or any other illegal activity?	ement in	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 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?							Yes No			
-	answered yes, e provide details:									
Has your company ever been in any dispute with any Government Agency, the United Nations, or International Aid Organisations (including ACTED)?								Yes		
	answered yes, e provide details:									
Do you agree with terms of payment Yes No of 30 days?				Do you accept visit of ACTED staff & external auditors to Yes No your office?						
				PAR	RT II: C	CERTIFICATION				
soon any p terror	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):				ſ	Date:				
Title/F	Position				F	Place:				
E-mail address (for contact for verification purposes):		Ś	Signature:							
Phone number (for contact for verification purposes):		(Company Stamp:							
Chec	k list of support	ina docum	ents					For ACTED use of	only	
1)	Trading license					Attached				
2)					Attached		Checked			
3) Company profile				Attached		Checked				
4) Proof of trading/dealership/agent					Attached		Checked			
5) Evidence of similar contracts					Attached					
6)						Attached		Checked		
7) Particulars of CEO and key personnel				Attached		Checked				
8) Articles of Association & Certificate of incorporation				Attached		Checked				
9) Financial statements (latest)					Attached		Checked			
10) Other (specify):				Attached		Checked				