

## BIDDER'S QUESTIONNAIRE - ACTED Tunisia/Libya

Tender reference: T/14DFR/G9/LIN/WEB/BEN/TUN/21032019/001

render reference : 1/14DFR/	G3/ LIN/ WEB/ BEN/	<u> </u>	•	
		PART I: II	NFORMATION	
A. Company Details and Ge	neral Information			
Name of Company		Т	rading As	
Address (headquarters)		Т	elephone	
Zip Code (headquarters)		F	-āx	
City (headquarters)		E	E-mail address 1	
PO Box		E	-mail address 2	
Country (headquarters)		V	Vebsite address	
Parent Company or name of owner			Subsidiaries/ Associates/ Overseas Representative	
Sales Person's Name		S	Sales Person's Position	
Sales Person's phone		S	Sales Persons' E-mail	
Governance of the company: Cha	airman, Vice-Chairmai	n, Treasurer or	Secretary of the Board of D	Directors or Board of Trustees
Name (as in passport or other government-issued photo ID)		C	Date of birth (mm/dd/yyyy)	
Government-issued photo Identification Document (ID) num	ber	Т	ype of ID	
ID country of issuance		R	Rank or title in organization	
Other names used (nicknames or pseudonyms not listed as "Name"		G	Gender (e.g. male, female)	
Current employer and job title:	<i>,</i>	C	Occupation	
Address of residence		C	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 company: CE	O, Executive Director	r, Deputy Direct	tor, President or Vice-President	dent
Name (as in passport or other			Date of birth (mm/dd/yyyy)	
government-issued photo ID)  Government-issued photo		+	ype of ID	
Identification Document (ID) num	ber	i)	ype or ib	
ID country of issuance		R	Rank or title in organization	
Other names used (nicknames or pseudonyms not listed as "Name"		G	Gender (e.g. male, female)	
Current employer and job title:		C	Occupation	
Address of residence		C	Citizenship(s)	
Province/Region		E	-mail addresses	
Is the individual a U.S. citizen or legal permanent resident?	Yes	I No	Professional Licenses – State Issued Certifications	
Management of the company: Ch	ief Finance Officer or	Chief Accounta	ant	
Name (as in passport or other government-issued photo ID)			Date of birth (mm/dd/yyyy)	
Government-issued photo		ty	ype of ID	

ID country of issuance				Rank or title in organization			
Other names used (nicknapseudonyms not listed as				Gender (e.g. male, female)			
Current employer and job				Occupation			
Address of residence				Citizenship(s)			
Province/Region				E-mail addresses			
Is the individual a U.S. cit legal permanent resident?		Yes	☐ No	Professional Licenses – State Issued Certifications			
Company's staff & insural	nce						
No. Full Time Employees:				Employee average work wa	ige per hour:		
% of Men to Women:	,			Any employee(s) with relatives working with ACTED?			Yes No
No. of Children:				Legal minimum wage paid?	Legal minimum wage paid?		
In what capacity?				Paid vacations are offered?			Yes No
What are their ages?				Are flexible working hours of	offered?		Yes No
Name of insurance compa	any:			Staff covered by health insu	ırance?		Yes No
Description of the Compa	ny						
Type of Business (multiple choices possible):		acturing Iting Company		Authorised Agent Other (Please Specify)	Trader		
Sector of Business (multiple choices possible):	Goods	/Supplies es		☐ Equipment☐ Other (Please Specify)	Works		
Year Established:				Country of registration:			
Licence number:				Valid until:			
Working languages:	_	English Arabic	☐ Frenc ☐ Chine		Russian Russian	n	
Technical documents available in:		English Arabic	☐ Frenc☐ Chine	spanish	Russian Specify)	n	
B. Financial Informati	on						
VAT Number:				Tax Number:			
Bank Name:				Bank Account Number:			
Bank Address:				Account Name:			
Swift/BIC number:				Standard Payment Terms:	Vec	No.	
Has the company been audited in the last 3 years?				Yes	No		
Please attach a copy of the company's most recent Annual or Audited			ed Financial Report	Attached			
Annual Value of Total Sal				LICD.	V	HOD.	
Year:	USD:	Yea	ar: 	USD:	Year:	USD:	
Annual Value of Export Sa Year:	USD:	Years	ar:	USD:	Year:	USD:	
C. Experience							
Company's recent busine	ss with ACT	ED and/or other	International A	Aid Agencies or United Natio	ns Agencies:		
Organisation	Contact	t person F	Phone/E-mail	Goods/Works/Services	Value (USD)	Year	Destination
1							
2							
3							
4							
5							<u> </u>
What is your company's r							
What is your company's b	usiness cov	erage area?	☐ Na	ational Restricted to	o (specify locations):		

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					
International Offices/Representation					
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 mach 1) 2) 3) 4) 5)	nines, heavy & valuable equipment, premises & warehouses 6) 7) 8) 9) 10)	, production	n sites etc.)		
E. Miscellaneous	10)				
Does your company have an Environmental Policy? (Yes/N	lo)	☐ Vas			
Does your company have an Ethical Trading Policy? (Yes/N	· ·	Yes	No No		
Does your company have an Anti-terrorist Policy? (Yes/No)		Yes	No No		
Is your company compliant with the EU General Data Prote		Yes	□ No		
If you answered yes to the above two questions, please att		Yes	No Attached		
if you ariswered yes to the above two questions, please att	acti copies of your policy.		Attached		
entered into an arrangement with creditors, has suspended matters, or is in any analogous situation arising from a simi	of being wound up, having its affairs administered by the control business activities, is the subject of proceedings concerning lar 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:					
taxes in accordance with the law of the country in which it is the contract is to be performed?	o the payment of social security contributions, or the payme s established, or with those of France, or those of the country		Yes No		
If you answered yes, please provide details:					
a criminal organisation or any other illegal activity?	hich has the force of res judicata for fraud, corruption, involv	rement in	Yes No		
If you answered yes, please provide details:					
	ach of contract for failure to comply with its contractual oblig	ations.	Yes		
following another procurement procedure or grant award pr		, 	No No		
If you answered yes,					
please provide details:					

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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 in any dispute with any Government Agency, the United Nations, or International Aid Organisations (including ACTED)?						
If you answered yes, please provide details:						
Do you agree with terms of 30 days?	of payment	☐ Yes ☐ No	Do you accept visit of AC your office?	TED staff & external auditors to	Yes No	
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		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:			Date:			
Title/Position			Place:			
E-mail address (for contact for verification purposes):			Signature:			
Phone number (for contact for verification purposes):			Company Stamp:			
Check list of supporting documents For ACTED use only					only	
Trading license			Attached	Checked		
VAT registration/tax clearance certificate			Attached	Checked		
3) Company profile			Attached	Checked		
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			
8) Articles of Association & Certificate of incorporation			Attached	Checked		
9) Financial statements (latest)			Attached	Checked		
10) Other (specify):			Attached	Checked		