

BIDDER'S QUESTIONNAIRE

FA/15/Multi/FSP/SAN/10032019/001

| | | PAF | RT I: INFORMATION | | |
|--|-----------------------------|-----------------|--|-------------------|--------|
| A. Company Details and Genera | al 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 | | |
| I I | | | | | |
| 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-Chairman Treas | urer or Secre | | Roard of Trustees | |
| Name (as in passport or other | an, vice onaminan, meas | arci oi occici | | l | |
| 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 address | | |
| Is the individual a U.S. citizen or legal permanent resident? | | No | Professional Licenses – State Issued Certifications | | |
| Management of the company: CEO, E | Executive Director, Deputy | / Director, Pre | sident or Vice-President | | |
| 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 | | |
| ls the individual a U.S. citizen or legal permanent resident? | Yes [| No | Professional Licenses – State Issued Certifications | | |
| Management of the company: Chief E | inanaa Officer or Chief A | oog untont | | | |
| Management of the company: Chief F Name (as in passport or other | mance officer of officer At | Journail | Date of birth (mm/dd/yyyy) | | |
| 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 | | ٦., | Professional Licenses – State | | |
| legal permanent resident? | ∐ Yes | No | Issued Certifications | | |
| Company's staff & insurance | | | | | |
| No. Full Time Employees: | | | Employee average work wage p | er hour: | |
| % of Men to Women: | | | Any employee(s) with relatives w | | Yes No |
| | | | , . , . , , | J | |

| No. o | of Children: Legal minimum wage paid? | | | | | | Yes | No | | | | | |
|---|---|---------------------------------------|-------------------------------|-------------------------------------|------------------------------------|--|---|------------|-------------|------|----------|-----------|----|
| In what capacity? | | | | Paid vacations are offered? | | | | L | Yes | No | | | |
| What are their ages? Name of insurance company: | | | | Are flexible working hours offered? | | | | | Yes | No | | | |
| Name of insurance company: | | | | | Staff covered by health insurance? | | | | | | | | |
| | ription of the Compa | any | | | | | | | | | | | |
| (multi | of Business iple choices | choices | | | | Authorised Agent Trader | | | | | | | |
| possi | | Consulting Company | | | | Other (Please Specify) | | | | | | | |
| (multi | or of Business iple choices | Goods/Supplies Services | | | | ☐ Equipment ☐ Works ☐ Other (Please Specify) | | | | | | | |
| possi | | | :s | | | _ , , , , , | 1 | | | | | | |
| | Established: ice number: | | | | | Country of registration: Valid until: | | | | | | | |
| | ing languages: | ☐ English ☐ French ☐ Arabic ☐ Chinese | | | | Spanish | Russian Specify) | | | | | | |
| | nical documents able in: | s English French Arabic Chinese | | | | = | ☐Spanish ☐Russian ☐Other (Please Specify) | | | | | | |
| B. Fi | inancial Informat | ion | | | | | | | | | | | |
| VATI | Number: | | | | | Tax Number: | | | | | | | |
| | Name: | | | | | Bank Account Number: | | | | | | | |
| | Address: | | | | | Account Name: | | | | | | | |
| | /BIC number: | | | | | Standard Payment Terms: | | | | | | | |
| 11 4 | h | | | | | - | | Yes | ☐ No | | | | |
| | he company been a | | - | | | | | | | | | | |
| | se attach a copy of that I Value of Total Sal | | 's most recent Annua | al or Audi | ted Finan | cial Report | | Attached | 1 | | | | |
| | Year: | USD: | | Year: | | USD: | Year: | | USD: | | | | |
| Annu | al Value of Export S Year: | ales for the USD: | last 3 years | Year: | | USD: | Year: | | USD: | | | | |
| C. E | xperience | | | | | | | | | | | | |
| Comp | pany's recent busine | ss with ACT | ΓED and/or other Inte | rnational | Aid Agen | cies or United Nations Agencies | | | | | | | |
| | Organisation | | ntact person | | e/E-mail | Goods/Works/Services | | (USD) | Year | | | Destinati | on |
| 1 | | | | | | | 1 | (00-) | | | | | |
| 2 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | |
| 100 | | · | | ļ. | 1 | | | | | | | | |
| | is your company's r | | * | | | | | | | | | | |
| | is your company's b | | | | ☐ Nati | ional Restricted to (spe | cify location | ons): | | | | | |
| | hich countries has yo cts in the last 3 year | | y exported and/or ma | anaged | | | | | | | | | |
| Provi | de any other informatications and experie | ation that de ence (e.g., a | monstrates your con wards) | npany's | | | | | | | | | |
| List any national or international Trade/Professional Organisations of which your company is a member | | | | | | | | | | | | | |
| | echnical Capabili | | | | <u> </u> | | | | | | | | |
| | of Quality Assurance | | <u> </u> | | l | | | | | Г | 74 | | |
| | | | | | | | | | | Ļ | Attache | | |
| | of Certification/Qual | | cuments | | | | | | | L | _Attache | ed | |
| | <u>'</u> | | s and/or Services you | ır compo | ny colle: | | | | | | | | |
| 1) | | core Goods | s and/or Services you | л соттра | 6) | | | | | | | | |
| 2) | | | | | | | | | | | | | |
| 3) | | | | | | | | | | | | | |
| 4) | | | | | | | | | | | | | |
| 5) | | | / /truska 9 haavu ma | ahinaa h | 10) | Juahla aquiament pramiaga 9 u | 0.0000000 | a nraduat | ion oiton o | 40.1 | | | |
| List tr | = | our company | (trucks & neavy ma | cnines, n | eavy & va 6) | lluable equipment, premises & w | arenouse | s, product | ion sites e | tc.) | | | |
| 2) | | | | | 7) | | | | | | | | |
| 3) | | | | | 8) | | | | | | | | |
| 9) | | | | | | | | | | | | | |
| 5) | | | | | | | | | | | | | |
| E. M | iscellaneous | | | | | | | | | | | | |
| 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 | | | | |
| If you answered yes to the above two questions, please attach copies of your policy: | | | | | | | | Yes | | | | | |

| into an arrangement with | been bankrupt, or is in the proces a creditors, has suspended busing arising from a similar procedure p | ess activities, is th | e subject of proceedings conce | | ☐ Yes ☐ No | | |
|---|---|--|--|----------------------------------|-----------------|--|--|
| If you answered yes, please provide details: | | | | | | | |
| Has your company ever | ☐ Yes ☐ No | | | | | | |
| If you answered yes, please provide details: | | | | | 1 □ ···· | | |
| | Leen guilty of grave professional | misconduct prove | en by other means? | | Yes No | | |
| If you answered yes, please provide details: | | | | | | | |
| | not fulfilled its obligations relating of the country in which it is estab | | - | | Yes No | | |
| If you answered yes, please provide details: | | | | | | | |
| Has your company ever criminal organisation or a | been the subject of a judgement any other illegal activity? | which has the force | ce of res judicata for fraud, corr | uption, involvement in a | 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: | | | | | | | |
| | been declared to be in serious brocedure or grant award procedure | | | tractual obligations, following | ☐ Yes ☐ No | | |
| If you answered yes, please provide details: | | | | | | | |
| Has your company ever (including ACTED)? | been in any dispute with any Gov | vernment Agency, | the United Nations, or Internati | onal Aid Organisations | ☐ Yes ☐ No | | |
| If you answered yes, please provide details: | | | | | | | |
| Do you agree with terms | of payment of 30 days? | Yes No | Do you accept visit of ACTED your office? | staff & external auditors to | Yes No | | |
| | | DAG | RT II: CERTIFICATION | | | | |
| also understand that AC | nt that the information provided in TED does not do business with c itation and Abuse Protection, Col | n this form is corre ompanies, or any | ct, and in the event of changes affiliates or subsidiaries, which | engage in any practices that are | | | |
| Title/Position | | | Place: | | | | |
| E-mail address (for contact for verification | | | Signature: | | | | |
| purposes): Phone number (for contact for verification purposes): | | | Company Stamp: | | | | |
| Check list of support | ting documents | | | For A | 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 | | | |
| 8) Articles of Association & Certificate of incorporation | | | Attached | Checked | | | |
| 9) Financial statements (latest) | | | Attached | Checked | | | |
| 10) Other (specify): | | | Attached | Checked | | | |