

BIDDER'S QUESTIONNAIRE

11FWA/BRT/10-04-2019/Car rental/001

Form PRO-06-1 (version May 2018)

PART I: INFORMATION A. Company Details and General Information Trading As Name of Company Telephone Address (headquarters) Zip Code (headquarters) Fax E-mail address 1 City (headquarters) E-mail address 2 PO Box Website address Country (headquarters) 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: Chairman, Vice-Chairman, Treasurer 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) number ID country of issuance Rank or title in organization Other names used (nicknames or 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 Professional Licenses -Yes No legal permanent resident? State Issued Certifications Management of the company: CEO, Executive Director, Deputy Director, President or Vice-President 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) number ID country of issuance Rank or title in organization Other names used (nicknames or 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 Professional Licenses -Yes No legal permanent resident? State Issued Certifications Management of the company: Chief Finance Officer or Chief Accountant Name (as in passport or other Date of birth (mm/dd/yyyy) government-issued photo 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	o title:				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?			ED?	Yes	No	
No. of Children:					Legal minimum wage paid?				Yes	No	
In what capacity?					Paid vacations are offered?				Yes	No	
What are their ages?					Are flexible working hours offered?				Yes	No	
Name of insurance comp					Staff covered by health insurance?				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		Spanish		Russian	1		
Working languages:											
Technical documents		English		French		Spanish	1 //	Russian			
available in:		Arabic									
B. Financial Informat	ion					<u> </u>	,				
VAT Number:					Tax Numb	er:					
Bank Name:					Bank Acco	ount Number:					
Bank Address:				Account N	ame:						
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 company's most recent Annual or Audite			ed Financia	Report		Attached					
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-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		-					. (an: ()	antine - ·			
INVITATIS VOUL COMPANY'S I	DUSINESS CO	/erage area?		Na Na	tional	Restricted to	o (specity lo	cations):			

To which countries has yo managed projects in the la	our company exported and/or					
	ition that demonstrates your					
	and experience (e.g., awards)					
List any national or interna Organisations of which yo	ational Trade/Professional our company is a member					
D. Technical Capabili	ty					
Type of Quality Assurance	e Certificate			Attached		
Type of Certification/Qual	ification Documents			Attached		
International Offices/Repr	resentation					
List below up to 10 of the	core Goods and/or Services your	r company sells:				
1)		6)				
2)		7)				
3)		8)				
4)		9)				
5)		10)				
1)	ur company (trucks & heavy mac	hines, heavy & valuable equipment, premises & warehouses 6)	s, productio	n sites etc.)		
2)		7)				
3)	8)					
4)		9)				
5)		10)				
E. Miscellaneous	an Environmental Daliav2 (Vee/N					
	an Environmental Policy? (Yes/N		Yes	No		
	an Ethical Trading Policy? (Yes/		Yes	No		
	an Anti-terrorist Policy? (Yes/No	•	Yes	No		
Is your company compliant with the EU General Data Protection Regulation (or equivalent)? (Yes/No)						
If you answered yes to the	e above two questions, please att	tach copies of your policy:		Attached		
entered into an arrangeme	ent with creditors, has suspended	s of being wound up, having its affairs administered by the or d business activities, is the subject of proceedings concernin ilar 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:						
	the law of the country in which it i	to the payment of social security contributions, or the payme is established, or with those of France, or those of the countri		Yes		
If you answered yes, please provide details:						
a criminal organisation or		which has the force of res judicata for fraud, corruption, involv	/ement in	Yes		
If you answered yes, please provide details:						
	een declared to be in serious bre	ach of contract for failure to comply with its contractual oblig	ations,	Yes		
following another procurement procedure or grant award procedure financed by a donor country? If you answered yes,						
please provide details:						

			ontract for failure to comply a financed by a donor count	with its contractual obligations, ry?	Yes	
If you answered yes, please provide details:						
Has your company ever been in any dispute with any Government Agency, the United Nations, Organisations (including ACTED)?				, or International Aid	Yes	
If you answered yes, please provide details:						
Do you agree with terms of payment Yes of 30 days?		🗌 Yes 🗌 No	No Do you accept visit of ACTED staff & external auditors to your office?			
					-	
		PART II	: CERTIFICATION			
soon as possible in writ any practices that are ir terrorism Policy and Da	ing. I also understa breach of ACTED	nd that ACTED does no s Child Protection, Sexu	t do business with companional in a state of the second state of t	t of changes, details will be provide es, or any affiliates or subsidiaries, Protection, Conflict of Interest, Anti-	which engage in	
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 suppo	rting documents			For ACTED use	only	
1) Trading license			Attached	Checked		
2) VAT registration/tax clearance certificate			Attached			
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		