

Form PRO-06-01 Version 1.3

BIDDER'S QUESTIONNAIRE ACTED LEBANON

Date :

Tender N°: T/11FWA/INSURANCE SERVICES/BRT/10-05-2019

PART I: INFORMATION						
A. Company Details and General Information						
Name of Company			Trading As			
Address			1.00.00			
(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			Subsidiaries/ Associates/			
name of owner			Overseas Representative			
Sales Person's Name			Sales Person's Position			
Sales Person's phone			Sales Persons' E-mail			
	anv: Chairman. Vice-0	Chairman.	Treasurer or Secretary of the Board of Di	irectors or Board of Trustees		
Name (as in passport	,		Date of birth (mm/dd/yyyy)	2. 2. 2		
or other government-			Date of Smar (min daryyyy)			
issued photo ID)						
Government-issued			Type of ID			
photo Identification						
Document (ID) number						
ID country of issuance			Rank or title in organization			
Other names used			Gender (e.g. male, female)			
(nicknames or						
pseudonyms not listed						
as "Name")			O a sum attan			
Current employer and job title:			Occupation			
Address of residence			Citizenship(s)			
Province/Region			E-mail address			
Is the individual a U.S.			Professional Licenses –			
citizen or legal	□Yes	□No	State Issued Certifications			
permanent resident?			State Issaed Continuations			
Management of the company: CEO, Executive Director, Deputy Director, President or Vice-President						
Name (as in passport	•	<u> </u>	Date of birth (mm/dd/yyyy)			
or other government-			(33337			
issued photo ID)						
Government-issued			type of ID			
photo Identification						
Document (ID) number						
ID country of issuance			Rank or title in organization			
Other names used			Gender (e.g. male, female)			
(nicknames or						
pseudonyms not listed as "Name")						
Current employer and			Occupation			
job title:			Occupation			
Address of residence			Citizenshin(s)			



Province/Region			E-mail addresses			
Is the individual a U.S.	□Yes □I	Nο	Professional Licenses –	enses –		
citizen or legal		140	State Issued Certifications			
permanent resident?						
	pany: Chief Finance Officer	r or Chief Acco		r		
Name (as in passport			Date of birth (mm/dd/yyyy)			
or other government-						
issued photo ID)			hunn of ID			
Government-issued photo Identification			type of ID			
Document (ID) number						
ID country of issuance			Rank or title in organization			
Other names used			Gender (e.g. male, female)			
(nicknames or			3 : , ; ; ; ;			
pseudonyms not listed						
as "Name")						
Current employer and			Occupation			
job title:						
Address of residence			Citizenship(s)			
Province/Region			E-mail addresses			
Is the individual a U.S.			Professional Licenses –			
citizen or legal	□Yes □I	No	State Issued Certifications			
permanent resident?						
Company's staff & insura	nce					
No. Full Time			Employee average work wage	e per hour:		
Employees:						
% of Men to Women:			Any employee(s) with relatives working with ACTED? □Ye		□Yes	□No
No. of Children:		What is the legal minimum wage paid? ☐Yes ☐I			□No	
In what capacity?	Are paid vacations offered?			□Yes	□No	
What are their ages?				□Yes	□No	
Name of insurance						
company:	Staff covered by health insurance? □Yes □No					
Description of the Compa	any					
	☐ Manufacturing		☐ Manufacturin	a		
	ypc or business			9		
(multiple choices possible):	☐ Consulting Comp	•	☐ Trader			
possible).	☐ Authorized Agent	t	☐ Other, please	specity:		
O anton of Dunings	☐ Coode / supplies ☐ Works					
Sector of Business	☐ Services					
(multiple choices possible):				.,		
possibio).	☐ Equipment		☐ Other, please	e specify :		
Year Established:			Country of registration:			
Licence number:			Valid until:			
	☐ English		☐ Arabic			
Working languages:	☐ French		☐ Chinese			
Working languages.						
	☐ Spanish ☐ Other, please specify :					
	☐ English		☐ Arabic			
Technical documents	☐ French					
available in:	☐ Spanish		☐ Chinese☐ Other, please specify :			
B. Financial Information						
	1011					
VAT Number:			Tax Number:			
Bank Name:			Bank Account Number:			
Bank Address:	I		Account Name			



Swift/BI	C number:				Standard Payment Terms:				
Has the	company been a	peen audited in the last 3 years?					□Yes □No		
	•				Audited Financial Report	☐ Attached			
Annual '	Value of Total Sa	les for the last	3 Years:						
Year:			Year:			Year:			
USD:	Value of Export S	Caloc for the lar	ot 3 voors	USD:		USD			
Year:	value of Export 3		si o years	Year:		Year:			
USD:				USD:		USD:			
C. Exp	erience								
Compar	ny's recent busine	ess with ACTE	D and/or	other Interna	tional Aid Agencies or United Natio	ns Agencies:			
		Contact							
#	Organisation	person	Ph	one/E-mail	Goods/Works/Services	Value (US	SD)	Destination	
1									
2									
3									
4									
5									
_	your company's e?	main area of							
	your company's	business	□ Nat	tional [Restricted to (specify location) : _				
	h countries has y	our							
	company exported and/or managed projects in the last 3 years?								
	any other inform								
	trates your comp								
qualifica awards)	tions and experience	ence (eg.							
List any national or international									
Trade/Professional Organisations of									
	our company is a								
	hnical Capabil							• • •	
	Quality Assurance						Ш	Attached	
Type of Certification/Qualification								☐ Attached	
Documents									
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, production sites									
etc.)									
1)			6) 7)						
3)	2) 7) 3) 8)								
4)	·								
5) 10)									
E. Miscellaneous									
	our company have	e an Environm	ental Poli	cv? (Yes/No)		Π'	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	e above two questions, please attach co	opies of your policy:			☐ Atta	☐ Attached	
Has your company ever been bankrupt, or is in the process of being wound up, having its affairs administered by the courts, has entered into an arrangement with creditors, has suspended business activities, is the subject of proceedings concerning these matters, or is in any analogous situation arising from a similar procedure provided for in national law?					□Yes	□No	
If you answered yes, please provide details:							
Has your company ever last force of res judicata?	been convicted of an offence concerning	its professional con	duct by a ju	dgment which	□Yes	□No	
If you answered yes, please provide details:							
Has your company ever l	been guilty of grave professional miscon	duct proven by othe	r means?		□Yes	□No	
If you answered yes, please provide details:							
payment of taxes in acco	not fulfilled its obligations relating to the rdance with the law of the country in wh re the contract is to be performed?				□Yes	□No	
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, involvement in a criminal organisation or any other illegal activity?					□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?					□Yes	□No	
If you answered yes, please provide details:							
	been declared to be in serious breach of bllowing another procurement procedure				□Yes	□No	
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)?				□Yes	□No		
If you answered yes, please provide details:							
Do you agree with terms of payment of 30 days?	□Yes □No	Do you accept vis external auditors			□Yes	□No	
PART II: CERTIFIC							
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		Company Stamp:				
Check list of supporting	ng documents			For ACTED use only		
1) Trading license		☐ Att	ached	☐ Checked		
2) VAT registration/	tax clearance certificate	☐ Att	ached	☐ Checked		
Company profile		☐ Att	ached	☐ Checked		
4) Proof of trading/o	dealership/agent	☐ Att	ached	☐ Checked		
5) Evidence of simi	lar contracts	□ Att	ached	☐ Checked		
6) References		☐ Att	ached	☐ Checked		
7) Particulars of CEO and key personnel			ached	☐ Checked		
8) Articles of Association & Certificate of incorporation			ached	☐ Checked		
9) Financial statements (latest)			ached	☐ Checked		
10) Other (specify):			☐ Attached ☐ Checked			
Company Name:						
Authorized Representative Name:						
Signature:						
Stamp:						