



BIDDER'S QUESTIONNAIRE ACTED **SRI LANKA**

Date: _____ (date to be indicated by the supplier)

Tender reference: **T/08DBM/92D/TOA/COLOMBO/09.08.2019 - 03**

PART I: INFORMATION

A. Company Details and General 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	
Country (headquarters)		Website address	
Parent Company or name of owner		Subsidiaries/ Associates/ 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 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Professional Licenses – State Issued Certifications	

Management of the company: CEO, Executive Director, Deputy Director, President 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	
Is the individual a U.S. citizen or legal permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Professional Licenses – State Issued Certifications	
<i>Management of the company: Chief Finance Officer or Chief Accountant</i>			
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	
Is the individual a U.S. citizen or legal permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Professional Licenses – State Issued Certifications	
<i>Company's staff & insurance</i>			
No. Full Time Employees:		Employee average work wage per hour:	
% of Men to Women:		Any employee(s) with relatives working with ACTED?	<input type="checkbox"/> Yes <input type="checkbox"/> No
No. of Children:		What is the legal minimum wage paid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In what capacity?		Are paid vacations offered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What are their ages?		Are flexible working hours offered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of insurance company:		Staff covered by health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Description of the Company</i>			
Type of Business (multiple choices possible):	<input type="checkbox"/> Manufacturing <input type="checkbox"/> Consulting Company <input type="checkbox"/> Authorized Agent	<input type="checkbox"/> Manufacturing <input type="checkbox"/> Trader <input type="checkbox"/> Other, please specify : _____	
Sector of Business (multiple choices possible):	<input type="checkbox"/> Goods / supplies <input type="checkbox"/> Services <input type="checkbox"/> Equipment	<input type="checkbox"/> Works <input type="checkbox"/> Other, please specify : _____	
Year Established:		Country of registration:	
Licence number:		Valid until:	
Working languages:	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Spanish	<input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> Other, please specify : _____	
Technical documents available in:	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Spanish	<input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> Other, please specify : _____	
B. Financial Information			
VAT Number:		Tax Number:	
Bank Name:		Bank Account Number:	
Bank Address:		Account Name:	



Does your company have an Anti-terrorist Policy? (Yes/No)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your company compliant with the EU General Data Protection Regulation (or equivalent)? (Yes/No)		<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to the above two questions, please attach copies of your policy:		<input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes, please provide details:		
Has your company ever been guilty of grave professional misconduct proven by other means?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes, please provide details:		
Do you agree with terms of payment of 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you accept visit of ACTED staff & external auditors to your office?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	
1) Trading license	<input type="checkbox"/> Attached	<input type="checkbox"/> Checked	
2) VAT registration/tax clearance certificate	<input type="checkbox"/> Attached	<input type="checkbox"/> Checked	
3) Company profile	<input type="checkbox"/> Attached	<input type="checkbox"/> Checked	
4) Proof of trading/dealership/agent	<input type="checkbox"/> Attached	<input type="checkbox"/> Checked	
5) Evidence of similar contracts	<input type="checkbox"/> Attached	<input type="checkbox"/> Checked	
6) References	<input type="checkbox"/> Attached	<input type="checkbox"/> Checked	
7) Particulars of CEO and key personnel	<input type="checkbox"/> Attached	<input type="checkbox"/> Checked	
8) Articles of Association & Certificate of incorporation	<input type="checkbox"/> Attached	<input type="checkbox"/> Checked	
9) Financial statements (latest)	<input type="checkbox"/> Attached	<input type="checkbox"/> Checked	
10) Other (specify):	<input type="checkbox"/> Attached	<input type="checkbox"/> Checked	

Company Name: _____

Authorized Representative Name: _____

Signature: _____

Stamp: