

BIDDER'S QUESTIONNAIRE ACTED Iraq

Ref : T/10/FWA/STATIONERY/ERB/IRAQ/06/08/2019/001

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		I: INFORMATION					
A. Company Details and Genera	I 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		Subsidiaries/ Associates/					
name of owner		Overseas Representative					
Coleo Dereoria Namo		Sales Person's Position					
Sales Person's Name							
Sales Person's phone		Sales Persons' E-mail					
Governance of the company: Chairma	in, Vice-Chairman, Treasurer o		Directors or Board of Trustees				
Name (as in passport or other		Date of birth (mm/dd/yyyy)					
government-issued photo ID)							
		T (15					
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		Citizopopin(c)					
Address of residence		Citizenship(s)					
Province/Region		E-mail address					
		Professional Licenses –					
		State Issued Certifications					
Management of the company: CEO, E	xecutive Director, Deputy Dire	ctor, President or Vice-Presi	dent				
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					
ib country of issuance		Rank of the in organization					
Other names used (nicknames or		Conder (o.g. male, female)					
Other names used (nicknames or pseudonyms not listed as "Name")		Gender (e.g. male, female)					
,		O a sum attice					
Current employer and job title:		Occupation					
Address of residence		Citizenship(s)					
Province/Region		E-mail addresses					
Ĭ							
		Professional Licenses –					
		State Issued Certifications					
Management of the company: Chief F	inance Officer or Chief Accourt	ntant					
Name (as in passport or other		Date of birth (mm/dd/yyyy)					
government-issued photo ID)							
government looded photo ib)							

Government-issued photo	type of ID	
Identification Document (ID) number		

ID country of issuance	Rank or title in organization			ו						
Other names used (nicknames or			Gender (e.g. male, female)							
pseudonyms not listed as "Name")				o <i>i</i>						
Current employer and job title:			Occupation)						
Address of residence		Citizenship	(s)							
Province/Region			E-mail add	resses						
					Professiona	al Licenses –				
						d Certifications				
Company's staff & insural										
No. Full Time Employees	:				Employee average work wage per hour:					_
% of Men to Women:						yee(s) with relati		ith ACTED?	Yes	No
No. of Children:						egal minimum wage paid?				
In what capacity?						ons are offered			Yes	No
What are their ages?						working hours			Yes	No
Name of insurance compared	,				Staff cover	ed by health ins	urance?		Yes	No
Description of the Compa	ny									
Type of Business	Manufa	acturing			Authoris	ed Agent	Trader			
(multiple choices	_	-								
possible):		ting Company				Please Specify)				
Sector of Business	Goods/	Supplies			🗌 Equipme	ent	Works			
(multiple choices possible):	Service	es			🗌 Other (F	Please Specify)				
Year Established:					-	registration:	T			
Licence number:					Valid until:	registration.	1			
Licence number.				_						
Working languages:	English French Spanish Russian Arabic Chinese Other (Please Specify)									
Technical documents		English		French	1	Spanish		Russian		
available in:		Arabic				Other (Please	e Specify)	Russian		
B. Financial Informati										
					L		1			
VAT Number:					Tax Numbe		-			
Bank Name:			Bank Account Number:							
Bank Address:					Account Name:					
Swift/BIC number:					Standard Payment Terms:					
Has the company been a	udited in the	last 3 years	?				Y	es No		
Please attach a copy of th				or Audite	d Financial	Report		ttached		
Annual Value of Total Sal			it / initiaal			Порон				
Year:	USD:		Year:		USD:		Year:	USD:		
Annual Value of Export S Year:	ales for the la USD:		Year:		USD:		Year:	USD:		
C. Experience										
Company's recent business with ACTED and/or other International Aid Agencies or United Nations Agencies:										
					-					
Organisation	Contact	person	Phone	/E-mail	Goods/M	/orks/Services	Value (US	D) Year	De	estination
1										
2							1			
							1			
3										
	4									
5										
What is your company's n	nain area of	expertise?								
		-				D D · · · · ·				
what is your company's b	What is your company's business coverage area? National Restricted to (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				Attached
International Offices/Representation				
List below up to 10 of the core Goods and/or Services your	company sells:			
1)	6)			
2) 3)	7) 8)			
4)	9)			
5)	10)			
List the main assets of your company (trucks & heavy mach		ses,	produ	ction sites etc.)
1) 2)	6) Z)			
3)	7) 8)			
4)	9)			
5)	10)			
E. Miscellaneous				
Does your company have an Environmental Policy? (Yes/N	lo)		Yes	No
Does your company have an Ethical Trading Policy? (Yes/I	No)		Yes	🗌 No
Does your company have an Anti-terrorist Policy? (Yes/No)	No			
Is your company compliant with the EU General Data Prote	ection Regulation (or equivalent)? (Yes/No)		Yes	No
If you answered yes to the above two questions, please atta	ach copies of your policy:			Attached
Has your company ever been bankrupt, or is in the process has entered into an arrangement with creditors, has susper	Yes No			
these matters, or is in any analogous situation arising from			3	
If you answered yes,				
please provide details:				
Has your company ever been convicted of an offence conc res judicata?	erning its professional conduct by a judgment which as f	orce	of	Yes No
If you answered yes, please provide details:				
Has your company ever been guilty of grave professional n	Yes No			
If you answered yes, please provide details:				
Has your company ever not fulfilled its obligations relating t taxes in accordance with the law of the country in which it is where 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 w 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 bre following another procurement procedure or grant award pr		bliga	tions,	Yes No
If you answered yes, please provide details:				

Has your company ever b following another procure	Yes No							
If you answered yes, please provide details:								
Has your company ever b Organisations (including)		r International Aid	Yes No					
If you answered yes, please provide details:								
Do you agree with terms of payment of 30 days?				D staff & external auditors	Yes 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 support	ing documents			For ACTE	D use only			
1) Trading license			Attached	Checked				
VAT registration/tax	x clearance certificate		Attached	Checked				
 Company profile 			Attached	Checked				
,	4) Proof of trading/dealership/agent			Checked				
5) Evidence of similar	5) Evidence of similar contracts			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				