

BIDDER'S QUESTIONNAIRE - ACTED NIGERIA

Tender No. : T/3599MULTI/FLIGHT BOOKINGS/LOG/MDG/20190814/01

PART I: INFORMATION									
A. Company Details a	and Generation	al Informatio	on						
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					
				Overseas Representative					
Sales Person's Name				Sales Person's Position					
Sales Person's phone				Sales Persons' E-mail					
Governance of the compa	any: Chairma	an, Vice-Chair	man, Treasurer	or Secretary of the Board of	Directors or Board of Trustees				
Name (as in passport or o	other			Date of birth (mm/dd/yyyy)					
government-issued photo	ID)								
Government-issued photo Identification Document (I				Type of ID					
	D) number								
ID country of issuance				Rank or title in organization					
Other names used (nickn pseudonyms not listed as				Gender (e.g. male, female)					
Current employer and job				Occupation					
Address of residence				Citizenship(s)					
Province/Region				E-mail address					
Is the individual a U.S. citizen or		Yes	No	Professional Licenses – State Issued Certifications					
legal permanent resident		Executive Dire	ator Doputy Dir	ector, President or Vice-Pres	ident				
		Executive Dire	clor, Deputy Dir						
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?		Yes	No	Professional Licenses – State Issued Certifications					
Management of the comp	Management of the company: Chief Finance Officer or Chief Accountant								
Name (as in passport or other government-issued photo ID)				Date of birth (mm/dd/yyyy)					
Government-issued photo	-			type of ID					
Identification Document (ID) number				1920010					

ID country of issuance					Rank or title in organizatior	1					
Other names used (nickn pseudonyms not listed as					Gender (e.g. male, female)						
Current employer and job	-				Occupation						
Address of residence					Citizenship(s)						
Province/Region					E-mail addresses						
Is the individual a U.S. cit legal permanent resident	?	Yes	N	lo	Professional Licenses – State Issued Certifications						
Company's staff & insura								1			
No. Full Time Employees	:				Employee average work wa					_	
% of Men to Women:					Any employee(s) with relat		ACTED?		′es		No
No. of Children:					Legal minimum wage paid				′es		No
In what capacity?					Paid vacations are offered			<u> </u>	'es		No
What are their ages?					Are flexible working hours			<u>۱</u>	′es		No
Name of insurance comp	any:				Staff covered by health iss	urance?		۱ 🗌	′es		No
Description of the Compa	any				•						
Type of Business	Manuf	acturing			Authorised Agent	Trader					
(multiple choices		5									
possible):	Consul	Iting Compan	y		Other (Please Specify)						
Sector of Business	Goods	/Supplies			Equipment	Works					
(multiple choices											
possible):		es			Other (Please Specify)						
Year Established:					Country of registration:						
Licence number:					Valid until:						
Working languages:		English Arabic		Frenc			ssian				
Technical documents available in:		English Arabic		Frenc			sian				
B. Financial Informat	ion										
VAT Number:					Tax Number:						
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	?			Yes	No				
Please attach a copy of the	he company'	s most rece	nt Annual	or Audite	ed Einancial Report	Attack	ned				
Annual Value of Total Sa											
Year:	USD:		Year:		USD:	Year:	USD:				
Annual Value of Export S		ast 3 vears									
Year:	USD:		Year:		USD:	Year:	USD:				
C. Experience											
Companie's recent busine	ess with ACT	FED and/or	other Inte	rnational	Aid Agencies or United Nati	ons Agencies:					
Organisation	Contact	person	Phone/	/E-mail	Goods/Works/Services	Value (USD)	Year	De	stina	atio	n
1											
						1					
2											
3											
4											
5						1					
What is your company's main area of expertise?											
What is your company's l	business cov	erage area	?	Na	itional Restricted	o (specify locations)	:				
To which countries has y	our company	exported a	nd/or			., , -,	1				
	last 3 years?										

Provide any other informati	-				
company's qualifications ar					
List any national or internat					
Organisations of which you					
D. Technical Capability				<u> </u>	
Type of Quality Assurance				Attached	
Type of Certification/Qualifi				Attached	
International Offices/Repre					
	ore Goods and/or Services you				
1)		6) 7)			
2) 3)		7) 8)			
4)		9)			
5)		10)			
1	r company (trucks & heavy mac	hines, heavy & valuable equipment, premises & warehout	uses, produ	uction sites etc.	
1)		6)			
2)		7)			
3)		8)			
4)		9)			
5)		10)			
E. Miscellaneous					
Does your company have a	an Environmental Policy? (Yes/N	No)	Yes	No No	
Does your company have an Ethical Trading Policy? (Yes/No) Yes					
Does your company have an Anti-terrorist Policy? (Yes/No) Yes					
Is your company compliant with the EU General Data Protection Regulation (or equivalent)? (Yes/No)					
If you answered yes to the	above two questions, please att	tach copies of your policy:		Attached	
		a of baing used up having its offering administrated by th	a agunta	Yes	
		s of being wound up, having its affairs administered by the nded business activities, is the subject of proceedings co			
	•	a similar procedure provided for in national law?	briceming	No	
If you answered yes,					
please provide details:			1		
Has your company ever be res judicata?	en convicted of an offence conc	cerning its professional conduct by a judgment which as f	orce of	Yes No	
If you answered yes,					
please provide details:					
Has your company ever be	en quilty of grave professional n	nisconduct proven by other menas?		Yes	
	5,5,			No	
If you answered yes, please provide details:					
		to the payment of social security contributions, or the pay		Yes	
	-	is established, or with those of France, or those of the co	untry	No	
where the contract is to be	performed?				
If you answered yes,					
please provide details:			-		
Has your company ever be in a criminal organisation o		which has the force of res judicata for fraud, corruption, in	volvment	Yes No	
-	,				
If you answered yes, please provide details:					
	an daalamad ta ka in aania. I			Yes	
		each of contract for failure to comply with its contractual rant award procedure financed by a donor country?		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?									
	answered yes, e provide details:								
	our company ever b nisations (including /	been in any dispute with any Governement ACTED)?	t Agency, the United Nations,	or International Aid	Yes No				
	answered yes, e provide details:								
Do yo	ou agree with terms	of payment of 30 days? Yes No	Do you accept visit of ACTE to your office?	ED staff & external auditors	Yes No				
PART II: CERTIFICATION									
ACTE which Anti-f	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:						
	Position		Place:						
E-mail address (for contact for verification purposes):			Signature:						
	e number (for lct for verification oses):		Company Stamp:						
Cheo	ck list of support	ing documents	-	For ACTED use	only				
1)	Trading license		Attached	Checked					
2a)	VAT registration		Attached	Checked					
2b)	-	nce certificate for 2019		Checked					
3)	Company profile		Attached	Checked					
4)	Proof of trading/dea		Attached	Checked					
5)	Evidence of similar	contracts	Attached	Checked					
6)	References		Attached	Checked					
7)	Particulars of CEO		Attached	Checked					
8)	Articles of Associat	ion & Certificate of incorporation	Attached	Checked					
9)	Financial statemen		Attached	Checked					
10)	Registration with co	prportae affair commission (CaC)	Attached	Checked					
11)	Other (specify):								