

BIDDER'S QUESTIONNAIRE - ACTED UKRAINE

Tender N°: T/64DTF/D25/NLW/KY/12082019/1

| Tender N : 1/64DTF/D25/NLW/K | | | |
|-----------------------------------------------------------------|--------------------------------|--------------------------------------------------------|--------------------------------|
| | | NFORMATION | |
| A. Company Details and Gener | al 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 | |
| Sales Person's Name | | Sales Person's Position | |
| Sales Person's phone | | Sales Persons' E-mail | |
| Governance of the company: Chairm | an. Vice-Chairman. Treasurer | or Secretary of the Board of | Directors or Board of Trustees |
| Name (as in passport or other | I | Date of birth (mm/dd/yyyy) | |
| government-issued photo ID) | | Date of Shar (minasiyyyy) | |
| 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 | Yes No | Professional Licenses – | |
| legal permanent resident? | _ | State Issued Certifications | |
| Management of the company: CEO, I | Executive Director, Deputy Dir | | sident |
| 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 company: Chief I | Finance Officer or Chief Accou | intant | |
| 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 (nickr | names or | | | Gender (e.g. male, female) | | | |
| pseudonyms not listed as | | | | (g, | | | |
| Current employer and job | o title: | | | Occupation | | | |
| Address of residence | | | | Citizenship(s) | | | |
| Province/Region | | | | E-mail addresses | | | |
| Is the individual a U.S. ci | I V | es \square | No | Professional Licenses – | | | |
| legal permanent resident | .? | | | State Issued Certifications | | | |
| Company's staff & insura | | | | I г | | | |
| No. Full Time Employees % of Men to Women: | S: | | | Employee average work wa Any employee(s) with relative | | CTED2 | □ Vos □ N |
| No. of Children: | | | | Legal minimum wage paid? | | CIED! | Yes No |
| In what capacity? | | | | Paid vacations are offered? | | | Yes No |
| What are their ages? | | | | Are flexible working hours of | ffered? | | Yes No |
| Name of insurance comp | pany: | | | Staff covered by health issu | | | Yes No |
| Description of the Compa | • | | | | | | |
| Type of Business | | | | Authorised Agent | Trader | | |
| (multiple choices | Manufacturing | | | | Hauei | | |
| possible): | Consulting Co | mpany | | Other (Please Specify) | | | |
| Sector of Business | Goods/Supplie | es | | Equipment | Works | | |
| (multiple choices possible): | Services | | | Other (Please Specify) | | | |
| Year Established: | | | | Country of registration: | l | | |
| Licence number: | | | | Valid until: | | | |
| | □ Faratials | | Frenc | | | | |
| Working languages: | English Arabic | | Chine | H ****** | Ruse Specify) | sian | |
| Technical documents available in: | ☐ English ☐ Arabic | | ☐ Frenc☐ Chine | | Ruse Specify) | sian | |
| B. Financial Informat | ion | | | | | | |
| VAT Number: | | | | Tax Number: | | | |
| Bank Name: | | | | Bank Account Number: | | | |
| | | | | | | | |
| Bank Address: | | | | Account Name: | | | |
| Swift/BIC number: | | | | Standard Payment Terms: | Yes | No | |
| Has the company been a | udited in the last 3 | years? | | | res | | |
| Please attach a copy of t | | | al or Audit | ed Financial Report | Attach | ed | |
| Annual Value of Total Sa | | | | | | | |
| Year: | USD: | Year: | | USD: | Year: | USD: | |
| Annual Value of Export S Year: | Sales for the last 3 y USD: | ears Year: | | USD: | Year: | USD: | |
| C. Experience | | | | | | | |
| | | | | | one Agencies: | | |
| Companie's recent busin | ess with ACTED an | d/or other Inte | ernationai | Aid Agencies or United Nati | ons Agencies. | | |
| | | | | Aid Agencies or United Nati | _ | Year | Destination |
| Organisation | ess with ACTED an Contact person | | ernational e/E-mail | Aid Agencies or United Nati Goods/Works/Services | Value (USD) | Year | Destination |
| Organisation | | | | | _ | Year | Destination |
| Organisation 1 2 | | | | | _ | Year | Destination |
| Organisation | | | | | _ | Year | Destination |
| Organisation 1 2 | | | | | _ | Year | Destination |
| Organisation 1 2 3 | | | | | _ | Year | Destination |
| Organisation 1 2 3 4 | Contact person | Phone | | | _ | Year | Destination |
| Organisation 1 2 3 4 5 | Contact person | Phone | /E-mail | Goods/Works/Services | Value (USD) | | Destination |
| Organisation 1 2 3 4 5 What is your company's | main area of expert business coverage our company expor | ise? | /E-mail | Goods/Works/Services | _ | | Destination |

| Provide any other information that demonstrates your company's qualifications and experience (eg. awards) | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------|----------------|----------------|--------------|--------|
| List any national or international Trade/Professional | — | | | | | |
| Organisations of which your company is a member | | | | | | |
| D. Technical Capability | | | | | | |
| Type of Quality Assurance Certificate | | | | A [*] | ttach | ned |
| Type of Certification/Qualification Documents | | | | Af | ttach | ned |
| International Offices/Representation | | | | | | |
| List below up to 10 of the core Goods and/or Services your company sells: | | | | | | |
| 6) | | | | | | |
| 2) 7) 3) 8) | | | | | | |
| 4) 9) | | | | | | |
| 5) | | | | | | |
| List the main assets of your company (trucks & heavy machines, heavy & valuable equipment, premises & wareho | use | s, pr | odu | ction | site | s etc. |
| 1) 6) | | | | | | |
| 2) 7) | | | | | | |
| 8) | | | | | | |
| 4) 5) 10) | | | | | | |
| 5) 10) E. Miscellaneous | | | | | | |
| Does your company have an Environmental Policy? (Yes/No) | | Yes | | _ | No | |
| Does your company have an Ethical Trading Policy? (Yes/No) | | | | - | No | |
| Does your company have an Anti-terrorist Policy? (Yes/No) | | Yes | | 누 | No | |
| Ile your company compliant with the ELL Concret Date Protection Regulation (or equivalent)? (Vec/No.) | | | | 늗 | No | |
| If you answered yes to the above two questions, please attach copies of your policy: | | | | 늗 | | ached |
| Has your company ever been bankrupt, or is in the process of being wound up, having its affairs administered by the courts, | | | | | 1 | |
| has entered into an arrangement with creditors, has suspended business activities, is the subject of proceedings of | | | | | Ye | S |
| these matters, or is in any analogous situation arising from a similar procedure provided for in national law? | | | Ĭ | L | 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 res judicata? | forc | e of | | | Ye No | |
| If you answered yes, | | | | | | |
| please provide details: | | | | | | |
| Has your company ever been guilty of grave professional misconduct proven by other menas? | | | | F | ∫ Ye ີ 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 pa | | | 1 | L | Ye | |
| taxes in accordance with the law of the country in which it is established, or with those of France, or those of the country the contract is to be performed? | Junu | ıy | | L | 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, i | nvol | vme | ent | Т | Ye | !S |
| in a criminal organisation or any other illegal activity? | | | | | 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 | | | Т | | Ye | !S |
| obligations, following another procurement procedure or grant award procedure financed by a donor country? | | | 丄 | | No |) |
| If you answered yes, please provide details: | | | | | | |

| | been declared to be in serious breach of co other procurement procedure or grant awar | | | Yes No |
|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------|------------------|
| If you answered yes, please provide details: | | | | |
| Has your company ever Organisations (including | been in any dispute with any Governement ACTED)? | t Agency, the United Nations | , or International Aid | Yes No |
| If you answered yes, please provide details: | | | | |
| Do you 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: C | ERTIFICATION | | |
| ACTED as soon as poss which engage in any pra Interest, Anti-fraud, Anti- | nt that the information provided in this form ible in writing. I also understand that ACTE ctices that are in breach of ACTED's Child terrorism Policy and Data Protection Polici | ED does not do business with Protection, Sexual Exploitati es (available on request). | companies, or any affiliates | or subsidiaries, |
| Name: | | Date: | | |
| Title/Position | | Place: | | |
| E-mail address (for contact for verification purposes): Phone number (for contact for verification purposes): | | Signature: Company Stamp: | | |
| Check list of suppor | ting documents | - | For ACTED use | only |
| 1) Trading license | | Attached | Checked | |
| 2) VAT registration/ta | x clearance certificate | Attached | Checked | |
| 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 Associa | tion & Certificate of incorporation | Attached | Checked | |
| 9) Financial statemen | nts (latest) | ✓ Attached | Checked | |
| 10) Other (specify): | | Attached | Checked | |