

Form PRO-06-1 (version May 2018)

BIDDER'S QUESTIONNAIRE

PART I: INFORMATION								
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 Persons' E-mail						
Sales Person's phone			Dimentant an Dependent Transform					
Governance of the company: Chairm	an, vice-Chairman, Treasurer		Directors or Board of Trustees					
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						
		Ũ						
Other names used (nicknames or	<u>+</u>	Gender (e.g. male, female)						
pseudonyms not listed as "Name")		Gender (e.g. male, lemale)						
		Organization						
Current employer and job title:		Occupation						
Address of residence		Citizenship(s)						
Province/Region		E-mail address						
Is the individual a U.S. citizen or		Professional Licenses –						
	Yes No	State Issued Certifications						
legal permanent resident?	Evenutive Director Deputy Dir		ide ná					
Management of the company: CEO,	Executive Director, Deputy Director		ident					
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						
		generation of the second se						
Other names used (nicknames or		Gender (e.g. male, female)						
pseudonyms not listed as "Name")		Gender (e.g. male, remale)						
		Occurretien						
Current employer and job title:		Occupation						
Address of residence		Citizenship(s)						
Province/Region		E-mail addresses						
Is the individual a U.S. citizen or	 	Professional Licenses –						
legal permanent resident?	🗌 Yes 🗌 No	State Issued Certifications						
5 1								
	Management of the company: Chief Finance Officer or Chief Accountant							
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								
	<u> </u>	l.	I]					

ID country of issuance					Rank or titl	le in organization						
Other names used (nickr pseudonyms not listed as					Gender (e.	g. male, female)						
Current employer and job					Occupatior	า						
Address of residence					Citizenship	o(s)						
Province/Region					E-mail add	resses						
Is the individual a U.S. ci legal permanent resident	?	Yes		No		al Licenses – ed Certifications						
Company's staff & insura		1			-							
No. Full Time Employees	:					average work wa						
% of Men to Women:						yee(s) with relative		with A	CTED?	Yes		No
No. of Children:						mum wage paid?				Yes		No
In what capacity?						ions are offered?				Yes		No
What are their ages?						working hours c				Yes		No
Name of insurance comp					Staff cover	ed by health insu	irance?			Yes		No
Description of the Compa	any											
Type of Business (multiple choices	🗌 Manuf	acturing			Authoris	sed Agent	Trader					
(multiple choices possible):	Consu	Iting Compan	IV		Other (I	Please Specify)						
Sector of Business			·,				 ,					—
(multiple choices	Goods	/Supplies			Equipm	ent	Works					
possible):	Servic	es			🗌 Other (I	Please Specify)						
Year Established:					Country of	registration:						
Licence number:					Valid until:	*						
Working languages:		English Arabic		Frenc		Spanish	Specify)	Russ	ian			
Technical documents available in:		English Arabic		Frenc		Spanish	Specify)	Russ	ian			
B. Financial Informat	ion											
VAT Number:					Tax Numbe	er:						
Bank Name:					Bank Acco	unt Number:						
					Account Na							_
Bank Address: Swift/BIC number:						Payment Terms:						
Has the company been a	udited in the	last 3 vears	s?					Yes	No			
Please attach a copy of t		-		l or Audit	ed Financial	Report		Attache	d			
Annual Value of Total Sa			/11/7/11/100			Пероп		Attache	u			
Year:	USD:		Year:		USD:		Year:		USD:			
Annual Value of Export S Year:	USD:	last 3 years	Year:		USD:		Year:		USD:			
C. Experience												
Company's recent busine	ess with ACT	ED and/or o	other Inte	rnational	Aid Agencie	s or United Natio	ns Agencie	s.				_
			1		1		-		Veer	Deeti	nation	_
Organisation	Contact	person	Prione	e/E-mail	Goods/V	Vorks/Services	Value (L	1SD)	Year	Desti	nation	
1												
2												
3												
4												
5												
_												
What is your company's	main area of	expertise?										
What is your company's	ousiness cov	verage area	?	Na	ational	Restricted to	o (specify loc	ations):				
To which countries has y			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					Att	ached
Type of Certification/Qualification Documents					Att	ached
International Offices/Representation						
List below up to 10 of the core Goods and/or Services you	r company sells:					
1)	6)					
2)	7)					
3)	8)					
4) 5)	9) 10)					
List the main assets of your company (trucks & heavy mac		ISAS	prod	uctio	n s	sites etc.)
1)	6)	1963	, prou	uoin		siles elc.)
2)	7)					
3)	8)					
4)	9)					
5)	10)					
E. Miscellaneous						
Does your company have an Environmental Policy? (Yes/N	No)		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 Prote	ection Regulation (or equivalent)? (Yes/No)		Yes			No
If you answered yes to the above two questions, please at	tach copies of your policy:					Attached
Has your company ever been bankrupt, or is in the proces					\square	Yes
has entered into an arrangement with creditors, has suspe		once	rning			No
these matters, or is in any analogous situation arising from	a similar procedure provided for in national law?					NO
If you answered yes,						
please provide details:			- (1		
Has your company ever been convicted of an offence cond res judicata?	cerning its professional conduct by a judgment which as t	orce	; Of			Yes No
If you answered yes,						
please provide details:						
Has your company ever been guilty of grave professional r	nisconduct proven by other means?					Yes
						No
If you answered yes,						
please provide details: Has your company ever not fulfilled its obligations relating	to the neumant of acciel accurity contributions, or the neu	(mor	at of	1		
taxes in accordance with the law of the country in which it i					님	Yes
where the contract is to be performed?		unu <u>-</u>	y			No
If you answered yes,						
please provide details:						
Has your company ever been the subject of a judgement v	which has the force of res judicata for fraud, corruption.			1		Yes
involvement in a criminal organisation or any other illegal a						No
If you answered yes,						
please provide details:						
Has your company ever been declared to be in serious bre						Yes
obligations, following another procurement procedure or g	rant award procedure financed by a donor country?					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 Government A ACTED)?	Agency, the United Nations, c	r 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?	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).								
		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					
3) Company profile		Attached	Checked					
 Proof of trading/dealership/agent 		Attached	Checked					
5) Evidence of similar contracts		Attached	Checked					
6) References		Attached	Checked					
7) Particulars of CEC	and key personnel	Attached	Checked					
8) Articles of Associa	tion & Certificate of incorporation	Attached	Checked					
9) Financial statemer	nts (latest)	Attached	Checked					
10) Other (specify):		Attached	Checked					