

Form PRO-06-01 Version 1.3

## BIDDER'S QUESTIONNAIRE ACTED [COUNTRY]

<u>Date</u>: 04/03/2020

Tender N°: T/14DHP /X98-INE/TUN/04/03/2020

A. Company Details and General Information  Name of Company Address (headquarters) Zip Code (headquarters) City (headquarters) Fax  City (headquarters) E-mail address 1 PO Box E-mail address 2 Country (headquarters) Website address Parent Company or ame of owner Sales Person's Name Sales Person's Position Sales Perso							
Name of Company Address (headquarters)  Zip Code (headquarters)  City (headquarters)  PO Box  Country (headquarters)  Parent Company or name of owner  Sales Person's Name Sales Person's Position  Sales Person's Position  Sales Person's Hone  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 governmentissued photo ID)  Government-issued photo ID)  Government-issued photo ID)  Government (ID) number  ID country of issuance  Other names used  Trading As  Telephone  Te							
Address (headquarters)  Zip Code (headquarters)  E-mail address 1  PO Box  E-mail address 2  Country (headquarters)  Parent Company or name of owner  Sales Person's Name  Sales Person's Position							
Zip Code (headquarters)  City (headquarters)  E-mail address 1  PO Box  E-mail address 2  Country (headquarters)  Parent Company or name of owner  Sales Person's Name  Sales Person's Position  Sales Person's Position  Sales Person's Position  Sales Person's Phone  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)  Government (ID) number  ID country of issuance  Other names used  Fax  E-mail address 1  E-mail address 2  Country  Website address  Subsidiaries/ Associates/ Overseas Representative  Sales Person's Position  Trustees  Date of birth (mm/dd/yyyy)  Type of ID  Type of ID							
Zip Code (headquarters)  City (headquarters)  E-mail address 1  PO Box  E-mail address 2  Country (headquarters)  Parent Company or name of owner  Sales Person's Name  Sales Person's Position  Sales Person's Position  Sales Person's Position  Sales Person's Phone  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)  Government (ID) number  ID country of issuance  Other names used  Fax  E-mail address 1  E-mail address 2  Country  Website address  Subsidiaries/ Associates/ Overseas Representative  Sales Person's Position  Trustees  Date of birth (mm/dd/yyyy)  Type of ID  Type of ID							
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PO Box							
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Cheadquarters   Website address							
Parent Company or name of owner  Sales Person's Name  Sales Person's Position  Sales Person's phone  Sales Person's Position  Sales Person's Position  Sales Person's Position  Sales Person's 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)  Government-issued photo ID)  Government-issued photo Identification  Document (ID) number  ID country of issuance  Other names used  Subsidiaries/ Associates/  Overseas Representative  Sales Person's Position  Sales Person's Position  Trustees  Date of birth (mm/dd/yyyy)  Type of ID  Rank or title in organization  Other names used							
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name of owner  Sales Person's Name  Sales Person's Position  Date of birth (mm/dd/yyyy)  Date of birth (mm/dd/yyyy)  Type of ID  Type of ID  Type of ID  ID country of issuance  Other names used  Rank or title in organization  Other names used  Gender (e.g. male, female)							
Sales Person's phone  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)  Government-issued photo Identification Document (ID) number  ID country of issuance  Other names used  Sales Persons' E-mail  Date of birth (mm/dd/yyyy)  Type of ID  Rank or title in organization  Gender (e.g. male, female)							
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Document (ID) number  ID country of issuance  Rank or title in organization  Other names used  Gender (e.g. male, female)							
ID country of issuance Rank or title in organization Other names used Gender (e.g. male, female)							
(nicknames or							
pseudonyms not listed							
as "Name")							
Current employer and Occupation							
job title:							
Address of residence Citizenship(s)							
Province/Region E-mail address							
Is the individual a U.S.  Yes No Professional Licenses – State legand Continued							
citizen or legal State Issued Certifications State Issued Certifications							
Management of the company: CEO, Executive Director, Deputy Director, President or Vice-President							
Name (as in passport Date of birth (mm/dd/yyyy)							
or other government-							
issued photo ID)							
Government-issued type of ID							
photo Identification							
Document (ID) number							
ID country of issuance Rank or title in organization							
Other names used Gender (e.g. male, female)							
(nicknames or							
pseudonyms not listed							
as "Name")							
Current employer and Occupation							
job title:  Address of residence  Citizenshin(s)							





Province/Region			E-mail addresses					
Is the individual a U.S.	□Yes □No Professional Licenses –							
citizen or legal			State Issued Certifications					
	ermanent resident?							
Management of the comp	pany: Chief Finance C	Officer or Chief Acco		I				
Name (as in passport or other government-			Date of birth (mm/dd/yyyy)					
issued photo ID)								
Government-issued			type of ID					
photo Identification		type of ID						
Document (ID) number								
ID country of issuance			Rank or title in organization					
Other names used			Gender (e.g. male, female)					
(nicknames or pseudonyms not listed								
as "Name")								
Current employer and			Occupation					
job title:								
Address of residence			Citizenship(s)					
Province/Region			E-mail addresses					
Is the individual a U.S.			Professional Licenses –					
citizen or legal	□Yes	□No	State Issued Certifications					
permanent resident?								
Company's staff & insura	nce		T					
No. Full Time			Employee average work wage	e per hour:				
Employees:			Any employee(s) with relative					
% of Men to Women:			ACTED?	s working with	□Yes	□No		
No. of Children:	What is the legal minimum wage paid? □Yes □No							
In what capacity?	Are paid vacations offered? □Yes □No							
What are their ages?	Are flexible working hours offered? □Yes □No							
Name of insurance	Staff covered by health insurance? □Yes □No							
Company:  Description of the Company								
	☐ Manufacturin	na	☐ Manufacturin	α				
Type of Business		· · · · · · · · · · · · · · · · · · ·						
(multiple choices possible):	<ul><li>☐ Consulting Company</li><li>☐ Authorized Agent</li><li>☐ Other, please specify :</li></ul>							
poddibio).	specify:							
Sector of Business	☐ Goods / supplies ☐ Works							
(multiple choices	□ Services							
possible):	e specify :							
V 5 ( 12 ) 1	☐ Equipment			т орсону				
Year Established:	Country of registration:							
Licence number:			Valid until:					
Working languages:	☐ English		☐ Arabic					
	☐ French ☐ Chine:							
	☐ Spanish ☐ Other, please specify :							
	☐ English		☐ Arabic	. ,				
Technical documents	☐ French ☐ Chinese							
available in:								
☐ Spanish ☐ Other, please specify :								
B. Financial Informat	ion			I				
VAT Number:			Tax Number:					
Bank Name:			Bank Account Number:					
Bank Address:			Account Name:					





Swift/RI	C number:					Standard Payment Terms:				
	Swift/BIC number: Standard Payment Terms:  las the company been audited in the last 3 years?					□Yes □No				
• •					☐ Attached					
Please attach a copy of the company's most recent Annual or Audited Financial Report  Annual Value of Total Sales for the last 3 Years:										
Year:				Year:			Year:			
USD:				USD:			USD			
	Value of Export S	Sales for the las	st 3 years					-		
Year:				Year:			Year:			
USD:	orioneo			USD:			USD:			
•	C. Experience									
Compar	ny's recent busine		D and/or	other Interna	ationa	I Aid Agencies or United Nation	ns Agencies:			
#	Organisation	Contact person	Ph	one/E-mail		Goods/Works/Services	Value (US	וחצ	Destination	
	Organisation	person	1 11	Ono/L mail		Goods/ Works/ GC/ Vices	Value (OC	,טי	Destination	
1										
2										
3										
4										
5										
	your company's	main area of								
expertis										
	your company's	business	□ Na	tional [	□Re	stricted to (specify location) : _				
coverag										
compan	h countries has y y exported and/o	r managed								
	in the last 3 year									
Provide	any other inform	ation that								
	trates your comp									
	ations and experie	ence (eg.								
awards)	national or interr	national								
	rofessional Orga									
	our company is a									
D. Tec	hnical Capabil	ity								
Type of	Quality Assurance	ce Certificate							☐ Attached	
	Type of Certification/Qualification							☐ Attached		
	cuments						Attached			
	ional Offices/Rep ow up to 10 of the		nd/or Sa	rvices vour co	omna	inv celle.				
1)	ow up to 10 of the	core doods a	11u/01 361 61	ivices your co	onipa	illy selis.				
2)			7)							
3) 8)										
4)										
5) 10)										
List the main assets of your company (trucks & heavy machines, heavy & valuable equipment, premises & warehouses, production sites etc.)										
1)	·									
2) 7)										
3) 8)										
4) 9)										
5)			10)							
E. Miscellaneous										
Does your company have an Environmental Policy? (Yes/No)										
Does your company have an Ethical Trading Policy? (Yes/No)							es	□No		





Does your company have an Anti-terrorist Policy? (Yes/No)						Yes □No		
Is your company compliant with the EU General Data Protection Regulation (or equivalent)? (Yes/No)						Yes □No		
If you answered yes to the above two questions, please attach copies of your policy:						☐ 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?						□Yes	□No	
If you answered yes, please provide details:								
Has your company ever last force of res judicata?	been convicted of	f an offence concerninç	g its professional cor	duct by a jud	dgment which	□Yes	□No	
If you answered yes, please provide details:								
Has your company ever l	been guilty of gra	ve professional miscor	nduct proven by othe	r means?		□Yes	□No	
If you answered yes, please provide details:								
Has your company ever payment of taxes in accountose of the country when	rdance with the la	aw of the country in wh				□Yes	□No	
If you answered yes, please provide details:								
Has your company ever l corruption, involvement in				udicata for fi	raud,	□Yes	□No	
If you answered yes, please provide details:								
Has your company ever l contractual obligations, fo country?						□Yes	□No	
If you answered yes, please provide details:								
Has your company ever l contractual obligations, fo country?						□Yes	□No	
If you answered yes, please provide details:								
Has your company ever l Aid Organisations (include		ute with any Governme	nt Agency, the Unite	d Nations, o	r International	□Yes	□No	
If you answered yes, please provide details:								
Do you agree with terms of payment of 30 days?	Do you accept visit of ACTED staff & external auditors to your office?				□Yes	□No		
PART II: CERTIFIC	CATION							
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:	•	V-	Date:					
Title/Position			Place:					



## T/14DHP /X98-INE/TUN/04/03/2020

E-mail address (for contact for verification purposes):		Signature:						
Phone number (for contact for verification purposes):		Company Stamp:						
Check list of suppor	ting documents				For ACTED use only			
Trading license	Э		Atta	ched	☐ Checked			
2) VAT registration	on/tax clearance certificate		Atta	ched	☐ Checked			
Company profit	le		Atta	ched	☐ Checked			
4) Proof of trading	g/dealership/agent		Atta	ched	☐ Checked			
5) Evidence of sir	milar contracts		Atta	ched	☐ Checked			
6) References	6) References				☐ Checked			
7) Particulars of 0	7) Particulars of CEO and key personnel				☐ Checked			
8) Articles of Ass	ociation & Certificate of incorporation		Atta	ched	☐ Checked			
9) Financial state	ments (latest)		Atta	ched	☐ Checked			
10) Other (specify	):		☐ Attached ☐ Checked					
Company Name:								
Authorized Representative Name:								
Signature:			-					
Stamp:								