

BIDDER'S QUESTIONNAIRE

PART I: INFORMATION							
A. Company Details a	nd Genera	al Informatio					
Name of Company				Trading As			
Name of Company				Trading 710			
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 name of owner				Subsidiaries/ Associates/ Overseas Representative			
Sales Person's Name				Sales Person's Position			
Sales Person's phone				Sales Persons' E-mail			
Governance of the compa	ny: Chairma	an, Vice-Chair	man, Treasurer	or Secretary of the Board of L	Directors or Board of Trustees		
Name (as in passport or o government-issued photo	ther	<u> </u>	·	Date of birth (mm/dd/yyyy)			
Government-issued photo Identification Document (II				Type of ID			
ID country of issuance				Rank or title in organization			
Other names used (nicknapseudonyms 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 legal permanent resident?		Yes	☐ No	Professional Licenses – State Issued Certifications			
Management of the compa	anv: CEO. E	Executive Dire	ctor. Deputy Dir	rector. President or Vice-Presi	dent		
Management of the company: CEO, Executive Director, Deputy Director, President or Vice-President Name (as in passport or other Date of birth (mm/dd/yyyy)							
government-issued photo			, ,,,,,				
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 compa	any: Chief F	inance Office	r or Chief Accou	ıntant			
Name (as in passport or o government-issued photo	ther			Date of birth (mm/dd/yyyy)			
Government-issued photo				type of ID			

ID country of issuance	I			Rank or title in organization				
ther names used (nicknames or seudonyms not listed as "Name")				Gender (e.g.	male, female)			
Current employer and job			Occupation					
Address of residence			Citizenship(s)				
Province/Region			E-mail addre	sses				
Is the individual a U.S. cit legal permanent resident	Yes	No	Professional State Issued	Licenses – Certifications				
Company's staff & insura	nce							
No. Full Time Employees	:			Employee av	erage work wa	ge per hour:		
% of Men to Women:	% of Men to Women:			Any employee(s) with relatives working with ACTED?				Yes No
No. of Children:				Legal minimu	ım wage paid?			Yes No
In what capacity?				Paid vacation	ns are offered?			Yes No
What are their ages?				Are flexible working hours offered?				Yes No
Name of insurance comp	any:			Staff covered	l by health insu	rance?		Yes No
Description of the Compa	any							
Type of Business (multiple choices possible):	☐ Manufacturing ☐ Consulting Company				Authorised Agent Trader Other (Please Specify)			
Sector of Business (multiple choices possible):	Goods/Supplies Services				Equipment Works Other (Please Specify)			
Year Established:				Country of re	gistration:			
Licence number:				Valid until:				
Working languages:		English Arabic	☐ Frenc☐ Chine	-	Spanish Other (Please	Specify)	Russian	
Technical documents available in:		English Arabic	Frenc		Spanish Other (Please	Specify)	Russian	
B. Financial Informat	ion							
VAT Number:				Tax Number:				
Bank Name:				Bank Accour	t Number:			
Bank Address:				Account Nan	ne:			
Swift/BIC number:				Standard Pag	ment Terms:		7	
Has the company been a	udited in the	last 3 years?					Yes No)
Please attach a copy of the company's most recent Annual or Audite				ed Financial R	eport		attached	
Annual Value of Total Sal								
Year:	USD:	Year:		USD:		Year:	USD:	
Annual Value of Export S Year:	USD:	ast 3 years Year:		USD:		Year:	USD:	
C. Experience								
Company's recent busine	ss with ACT	ED and/or other In	ternational i	Aid Agencies o	or United Nation	ns Agencies:		
Organisation	Contact	t person Pho	ne/E-mail	Goods/Wo	rks/Services	Value (l	JSD) Year	Destination
1								
2								
3								
4								
5								
What is your company's r		•						
What is your company's t	ousiness cov	verage area?	☐ Na	ational	Restricted to	specify locat	ions):	

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			Att	tached
Type of Certification/Qualification Documents			Att	tached
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)	10)			
1) 2) 3) 4)	thines, heavy & valuable equipment, premises & warehouses 6) 7) 8) 9)	s, production	n sites	s etc.)
5)	10)			
E. Miscellaneous				
Does your company have an Environmental Policy? (Yes/N	· ·	Yes		No
Does your company have an Ethical Trading Policy? (Yes/		Yes		No
Does your company have an Anti-terrorist Policy? (Yes/No)				No
Is your company compliant with the EU General Data Protection Regulation (or equivalent)? (Yes/No)				No
If you answered yes to the above two questions, please at	ach copies of your policy:			Attached
entered into an arrangement with creditors, has suspended matters, or is in any analogous situation arising from a sim	s of being wound up, having its affairs administered by the cd business activities, is the subject of proceedings concerning ilar procedure provided for in national law?			Yes No
If you answered yes, please provide details:				
Has your company ever been convicted of an offence conc judicata?	erning its professional conduct by a judgment which as forc	e of res		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:				
taxes in accordance with the law of the country in which it is the contract is to be performed?	to the payment of social security contributions, or the payme is established, or with those of France, or those of the count			Yes No
If you answered yes, please provide details:				
Has your company ever been the subject of a judgement was a criminal organisation or any other illegal activity?	which has the force of res judicata for fraud, corruption, involved	ement in		Yes No
If you answered yes,				
please provide details:	each of contract for failure to comply with its contractual oblig	ations T		1 v
following another procurement procedure or grant award p		juliono,		Yes No
If you answered yes,	,	I		
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?								
If you answered yes, please provide details:								
Has your company ever been in any dispute with any Government Agency, the United Nations, or International Aid Organisations (including ACTED)?					Yes No			
If you answered yes, please provide details:								
Do you agree with terms of payment Yes No of 30 days?		Do you accept visit of ACTE your office?	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 supporting do	For ACTED use of	only						
Trading license	1) Trading license			Checked				
2) VAT registration/tax clearance certificate			Attached	Checked				
3) 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				
Articles of Association & Certificate of incorporation			Attached	Checked				
9) Financial statements (latest)			Attached	Checked				
10) Other (specify):			Attached	Checked				