



SUPPLIER'S QUESTIONNAIRE

PRO-03.2_v2.0

T/64DRR/SLO/Programmes/

PART I: INFORMATION

A. Company Details and General 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 name of owner		Subsidiaries/ Associates/ Overseas Representative	
Sales Person's Name		Sales Person's Position	
Sales Person's phone		Sales Persons' E-mail	

Management of the company: CEO, Executive Director, Deputy Director, President or Vice-President

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Professional Licenses – State Issued Certifications	

Company's staff & insurance

No. Full Time Employees:		Employee average work wage per hour:	
% of Men to Women:		Any employee(s) with relatives working with ACTED?	<input type="checkbox"/> Yes <input type="checkbox"/> No
No. of Children:		Legal minimum wage paid?	
In what capacity?		Paid vacations are offered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What are their ages?		Are flexible working hours offered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of insurance company:		Staff covered by health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Description of the Company

Type of Business (multiple choices possible):	<input type="checkbox"/> Manufacturing <input type="checkbox"/> Consulting Company	<input type="checkbox"/> Authorised Agent <input type="checkbox"/> Other (Please Specify)	<input type="checkbox"/> Trader
Sector of Business (multiple choices possible):	<input type="checkbox"/> Goods/Supplies <input type="checkbox"/> Services	<input type="checkbox"/> Equipment <input type="checkbox"/> Other (Please Specify)	<input type="checkbox"/> Works
Year Established:		Country of registration:	
Licence number:		Valid until:	
Working languages:	<input type="checkbox"/> English <input type="checkbox"/> Arabic	<input type="checkbox"/> French <input type="checkbox"/> Chinese	<input type="checkbox"/> Spanish <input type="checkbox"/> Other (Please Specify)
Technical documents available in:	<input type="checkbox"/> English <input type="checkbox"/> Arabic	<input type="checkbox"/> French <input type="checkbox"/> Chinese	<input type="checkbox"/> Spanish <input type="checkbox"/> Russian

B. Financial Information

VAT Number:		Tax Number:	
Bank Name:		Bank Account Number:	
Bank Address:		Account Name:	
Swift/BIC number:		Standard Payment Terms:	
Has the company been audited in the last 3 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please attach a copy of the company's most recent Annual or Audited Financial Report		<input type="checkbox"/> Attached	
Annual Value of Total Sales for the last 3 Years:			
Year:	USD:	Year:	USD:
Annual Value of Export Sales for the last 3 years			
Year:	USD:	Year:	USD:

C. Experience							
Company's recent business with ACTED and/or other International Aid Agencies or United Nations Agencies:							
	Organisation	Contact person	Phone/E-mail	Goods/Works/Services	Value (USD)	Year	Destination
1							
2							
3							
4							
5							
What is your company's main area of expertise?							
What is your company's business coverage area?		<input type="checkbox"/> National <input type="checkbox"/> Restricted to (specify locations):					
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 (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		<input type="checkbox"/> Attached					
Type of Certification/Qualification Documents		<input type="checkbox"/> Attached					
International Offices/Representation							
List below up to 10 of the core Goods and/or Services your company sells:							
1)		6)					
2)		7)					
3)		8)					
4)		9)					
5)		10)					
List the main assets of your company (trucks & heavy machines, heavy & valuable equipment, premises & warehouses, production sites etc.)							
1)		6)					
2)		7)					
3)		8)					
4)		9)					
5)		10)					
E. Miscellaneous							
Does your company have an Environmental Policy? (Yes/No)						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your company have an Ethical Trading Policy? (Yes/No)						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your company have an Anti-terrorist Policy? (Yes/No)						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your company compliant with the EU General Data Protection Regulation (or equivalent)? (Yes/No)						<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered yes to the above two questions, please attach copies of your policy:						<input type="checkbox"/> 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?						<input type="checkbox"/> Yes <input type="checkbox"/> 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 has force of res judicata?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered yes, please provide details:							
Has your company ever been guilty of grave professional misconduct proven by other means?						<input type="checkbox"/> Yes <input type="checkbox"/> 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 payment of taxes in accordance with the law of the country in which it is established, or with those of France, or those of the country where the contract is to be performed?						<input type="checkbox"/> Yes <input type="checkbox"/> 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, involvement in a criminal organisation or any other illegal activity?						<input type="checkbox"/> Yes <input type="checkbox"/> 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?						<input type="checkbox"/> Yes <input type="checkbox"/> 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?			<input type="checkbox"/> Yes <input type="checkbox"/> No
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)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes, please provide details:			
Do you agree with terms of payment of 30 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you accept visit of ACTED staff & external auditors to your office?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 policies for Child Protection, Conflict of Interest Prevention, Anti-fraud & Anti-Corruption, Anti-terrorism & Anti-Money Laundering, Data Protection, and against Sexual Exploitation.

(available on <https://www.acted.org/en/about-us/values-and-policies/code-of-conduct-and-policies/> and on request at any ACTED office).

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 documents		For ACTED use only
1) Trading license	<input type="checkbox"/> Attached <input type="checkbox"/> N/A	<input type="checkbox"/> Checked
2) VAT registration/tax clearance certificate	<input type="checkbox"/> Attached <input type="checkbox"/> N/A	<input type="checkbox"/> Checked
3) Company profile	<input type="checkbox"/> Attached <input type="checkbox"/> N/A	<input type="checkbox"/> Checked
4) Proof of trading/dealership/agent	<input type="checkbox"/> Attached <input type="checkbox"/> N/A	<input type="checkbox"/> Checked
5) Evidence of similar contracts	<input type="checkbox"/> Attached <input type="checkbox"/> N/A	<input type="checkbox"/> Checked
6) References	<input type="checkbox"/> Attached <input type="checkbox"/> N/A	<input type="checkbox"/> Checked
7) Particulars of CEO and key personnel	<input type="checkbox"/> Attached <input type="checkbox"/> N/A	<input type="checkbox"/> Checked
8) Articles of Association & Certificate of incorporation	<input type="checkbox"/> Attached <input type="checkbox"/> N/A	<input type="checkbox"/> Checked
9) Financial statements (latest)	<input type="checkbox"/> Attached <input type="checkbox"/> N/A	<input type="checkbox"/> Checked
10) Other (specify):	<input type="checkbox"/> Attached <input type="checkbox"/> N/A	<input type="checkbox"/> Checked

PART III: ASSESSMENT (ACTED use only)

Assessors			
Name & Title of Assessing ACTED Staff:			
1)	3)		
2)	4)		
Findings of Vendor's assessment:			
Vendor's office/ warehouse / works site visited?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Findings of Site Visit / Works Visit / Consultation with References:			
Decision			
<input type="checkbox"/> To be included in ACTED Database	<input type="checkbox"/> Rejected	Reason:	Date:
By signing this supplier assessment, I hereby testify that: - I do not have any conflict of interest with any of the suppliers listed in the present document (as per ACTED Conflict of Interest Prevention policy) - I have not taken part into any fraudulent nor corruptive practice for the present procurement (as per ACTED Anti-Fraud & Corruption policy)			
Area Logistics Manager's / Country Logistics Manager's Name:		Signature:	