**Preselection Questionnaire**

**All requested information will be treated confidentially**.

|  |  |
| --- | --- |
| **Company name** |  |
| **Address** | Street + house number | City / District  | Zip code |
| **Owner(s)** | Name | First Name |
| **Tax and registration no.** | Tax number | registration number |
| **Legal form of Company** | Ltd., Inc.,.. |  |
| **Contact person** | Name | First Name | Contact informationPhone:E-Mail: |
| **Which goods or services does the company offer?** |  |
| **Have you already worked with NGOs?** | Yes [ ]   | No [ ]  | If yes: Name(s)  |
| **Annual Turnover for the last 12 months** |  |
| **Number of employees** |  |
| **Average delivery time of goods offered** |  |
| **Standard terms of payment** |  |
| **Do you offer support services for the goods provided** | Yes [ ]  | No [ ]  | If yes, please specify: |
| **Do you give a guarantee for your goods /services?**  | Yes [ ]  | No [ ]  | If yes, how long and in which scale: |
| **How do you ensure the quality of the products/services offered?**  | [ ]  Sample inspection [ ]  Quality agreements [ ]  Product know-how [ ]  Supplier visits [ ]  Reference check [ ]  Work trials [ ]  Others: |
| **Do you offer a standard price list for your goods/services?** | Yes [ ]  | No [ ]   | Attached to file [ ]  |
| **Are there ties between you and any employee of MI?**  | Yes [ ]  | No [ ]  | If yes, whom and in which relationship: |

If applicable (otherwise, please leave blank):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you have a license to sell pharmaceuticals?** | Yes [ ]  | No [ ]  | Not required [ ]  | License issued by |
| **How do you ensure the quality of pharmaceutical products?**  | Comments: |
| **Status of the medical supplier** | Certificate for Good Distribution Practices (GDP): [Certificate database](http://eudragmdp.ema.europa.eu/inspections/view/gdp/searchGDPCertificates.xhtml) Yes [ ]  No [ ]  |
| Humanitarian Procurement Center (HPC) Yes [ ]  No [ ]  |
| Listed in the database of “Quality Medicines for all” (QUAMED): [QUAMED database](https://quamed.org/) Yes [ ]  No [ ]  |
| **How are medical products stored? How is a cold chain ensured?** |  |  |  | Comments: |

WE DECLARE, that

* the information given above is correct
* our products and/or services are produced without the labour of children below age 15.
* we fulfil, have fulfilled, and will fulfil our obligations regarding the payment of any applicable taxes, duties, charges, and social contributions etc. related to the products or services provided.
* we have received the document “Humanitarian Procurement Principles”, and we - and any
applicable subcontracted parties - will respect the principles of humanitarian aid procurement.
* there are no international sanctions against the owner/s and or company in place.
* we have received a copy of MI Whistle Blowing Guidelines.

WE FURTHER DECLARE
our interest to be included into MI database for supplies and services.

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Date Signature