

SUPPLIER'S QUESTIONNAIRE
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
Are children employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is a legal minimum wage applied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Paid vacations are offered? <input type="checkbox"/> Yes <input type="checkbox"/> No	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"/> French <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> Other (Please Specify)		
Technical documents available in	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> Other (Please Specify)		

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: Year: USD:	
Annual Value of Export Sales for the last 3 years	
Year: USD: Year: USD: Year: USD:	



C. Experience

Company's recent business with ACTED and/or other International Non Governmental organisation 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?

National

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

Attached

Type of Certification/Qualification Documents

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

Does your company have an Ethical Trading Policy?

Yes No

Does your company have an Anti-terrorist Policy?

Yes No

Is your company compliant with the EU General Data Protection Regulation (or equivalent)?

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 been convicted of an offence concerning its professional conduct by a judgment which has force of res judicata?

Yes

No

If you answered yes, please provide details:

Has your company ever been guilty of grave professional misconduct proven by other means?

Yes

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?

Yes

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?

Yes

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?

Yes

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, against Sexual Exploitation, and for Environmental Safeguarding.
 (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:	





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