

BIDDER'S QUESTIONNAIRE – ACTED TUNISIA/LIBYA

Date:

Tender Ref: T/14CUJ/86DREH/BEN/18-07-2018/002

PART I: INFORMATION					
A. Company Details and Gene					
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		Subsidiaries/ Associates/			
name of owner		Overseas Representative			
Sales Person's Name		Sales Person's Position			
Sales Person's phone		Sales Persons' E-mail			
Governance of the company: Chair	man, Vice-Chairman, Treasure	r or Secretary of the Board of	Directors or Board of Trustees		
Name (as in passport or other government-issued photo ID)		Date of birth (mm/dd/yyyy)			
Government-issued photo Identification Document (ID) number	er	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 address			
Is the individual a U.S. citizen or legal permanent resident?	☐ Yes ☐ No	Professional Licenses – State Issued Certifications			
Management of the company: CEO	, Executive Director, Deputy Di	rector, President or Vice-Pres	sident		
Name (as in passport or other government-issued photo ID)		Date of birth (mm/dd/yyyy)			
Government-issued photo Identification Document (ID) number	er .	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 company: Chief Finance Officer or Chief Accountant			
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 (nickr	names or			Gender (e.g. male, female)				
pseudonyms not listed as				Gender (e.g. maie, female)				
Current employer and job	•			Occupation				
Address of residence				Citizenship(s)				
Province/Region				E-mail addresses				
Is the individual a U.S. ci	tizen or			Professional Licenses –				
legal permanent resident	? \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	s No		State Issued Certifications				
Company's staff & insura	nce				•			
No. Full Time Employees	S:			Employee average work wa				
% of Men to Women:				Any employee(s) with relati		CTED?	Yes	No
No. of Children:				Legal minimum wage paid?			Yes	No
In what capacity?				Paid vacations are offered?			Yes	No
What are their ages?				Are flexible working hours of	offered?		Yes	No
Name of insurance comp	any:			Staff covered by health issu	urance?		Yes	No
Description of the Compa	any							
Type of Business	Manufacturing			Authorised Agent	Trader			
(multiple choices		nnany		Other (Please Specify)	_			
possible): Sector of Business	Consulting Cor	прапу		Other (Please Specify)				
(multiple choices	Goods/Supplie	S		Equipment	Works			
possible):	Services			Other (Please Specify)				
Year Established:				Country of registration:				
Licence number:				Valid until:				
Working languages:	English Arabic		Frencl	=	Russe Specify)	sian		
Technical documents available in:	☐ English ☐ Arabic		Frencl		Ruse Specify)	sian		
B. Financial Informat	ion							
VAT Number:				Tax Number:				
Bank Name:				Bank Account Number:				
Bank Address:				Account Name:				
Swift/BIC number:				Standard Payment Terms:				
				Ctandard r dymone ronno.	Yes	No		
Has the company been a								
Please attach a copy of t			or Audit	ed Financial Report	Attach	ed		
Annual Value of Total Sa Year:	les for the last 3 Ye USD:	ars: Year:		USD:	Year:	USD:		
Annual Value of Export S				000.	i our.	000.		
Year:	USD:	Year:		USD:	Year:	USD:		
C. Experience								
Companie's recent busin	ess with ACTED an	d/or other Intern	national	Aid Agencies or United Nat	ions Agencies:			
Organisation	Contact person	Phone/E	-mail	Goods/Works/Services	Value (USD)	Year	Destinatio	on .
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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 you	ur company sells:			
1)	6)			
2)	7)			
3)	8)			
4) 5)	9) 10)			
List the main assets of your company (trucks & heavy ma	,	OUSES Droc	fuction sites etc	
1)	6)	Juscs, proc		
2)	7)			
3)	8)			
4)	9)			
5)	10)			
E. Miscellaneous				
Does your company have an Environmental Policy? (Yes/	No)	☐ Yes	☐ No	
Does your company have an Ethical Trading Policy? (Yes	/No)	Yes	No	
Does your company have an Anti-terrorist Policy? (Yes/No	0)	☐ Yes	☐ 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 a	ttach copies of your policy:		Attached	
Has your company ever been bankrupt, or is in the proces	ss of being wound up, having its affairs administered by	the	Yes	
courts, has entered into an arrangement with creditors, ha			□ No	
concerning these matters, or is in any analogous situation arising from a similar procedure provided for in national law?				
If you answered yes,				
please provide details:				
Has your company ever been convicted of an offence con res judicata?	cerning its professional conduct by a judgment which as	iorce or	☐ Yes☐ No	
If you answered yes,				
please provide details:				
Has your company ever been guilty of grave professional	misconduct proven by other menas?		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 c	ountry	☐ No	
where the contract is to be performed?				
If you answered yes, please provide details:				
Has your company ever been the subject of a judgement involvment in a criminal organisation or any other illegal a			Yes No	
If you answered yes, please provide details:	·			
piease 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 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 Governement Agency, the United Nations, or International Aid Organisations (including ACTED)?						
If you answered yes, please provide details:						
Do you agree with terms	of payment of 30 days?	Do you accept visit of ACTE to your office?	ED staff & external auditors	Yes No		
	PART II: C	ERTIFICATION				
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): Phone number (for contact for verification purposes):		Signature: Company Stamp:				
Check list of support	ting documents		For ACTED use	only		
1) Trading license		Attached	Checked			
VAT registration/ta	ax clearance certificate	Attached	Checked			
Company profile		Attached	Checked			
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			
8) Articles of Associa	tion & Certificate of incorporation	Attached	Checked			
9) Financial statemer	nts (latest)	✓ Attached	Checked			
10) Other (specify):		Attached	Checked			