

NATIONAL CALL FOR TENDER ACTED LEBANON**INSTRUCTIONS TO BIDDERS**

Date: 10/05/2019

Tender N°: T/11FWA/INSURANCE SERVICES/BRT/10-05-2019

ACTED is requesting through this tender a company to provide detailed written quotations for the supply of the following service:

PRODUCT SPECIFICATIONS:

Description: Provision of medical insurance services under a one year Framework Contract
Location: Beirut-Akkar, LEBANON
Service specifications: As per the table below

RESPONSIBILITIES OF THE CONTRACTOR:

1. Validity of the offer: **90 days for contracting, 1 year of provision thereafter**

The answers to this tender should include the following elements:

- The attached Offer Form template filled in, signed and stamped on all pages including all the product specifications, the price per unit, quantity proposed and unit, and total price;
- The present Instructions to bidders signed and stamped on all pages;
- The attached Bidder's Questionnaire, Checklist and Ethical Declaration filled in, signed and stamped on all pages;
- A written quotation including all the product specifications, the Unit and price per unit
- A catalogue or sample of the product or if there are different options, a sample or catalogue of each option needs to be submitted;

GENERAL CONDITIONS:

1. The **closing date** of this tender is **31/05/2019 at 5:00 PM Local Lebanon time** and a tender opening session will take place on **03/06/2019 (June 3rd 2019)** at 10:00 am Local Lebanon time in the ACTED representative office in ACTED office at the following address :
8th floor, Eshmoun Bldg, Damascus Road, Sodeco, Ashrafieh, Beirut
Tel: +961 1 324331
or emailed both to : lebanon.tender@acted.org and in cc, tender@acted.org
2. Offers must be submitted in English and in **USD** and should include **VAT for all services**.
3. **Bidders must bid for all items in each lot to be considered eligible.**
4. Tenderers will fill, sign, stamp and return the Offer form according to ACTED's format.
5. Tenderers will sign and return all pages of the Product Specifications for which they apply.
6. The offer to the call for tender will not result in the award of a contract.

The offer must be submitted to ACTED Logistics department in a sealed envelope stamped and signed by the company and indicating the tender title, date, and time of submission. The envelope must bear the mention "**T/11FWA/INSURANCE SERVICES/BRT/10-05-2019 - not to opened before 03/06/2019**" and the purpose of the offer.



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7. Unsealed envelopes and late offers will not be considered.
8. To ensure that funds are used exclusively for humanitarian purposes and in accordance with donors' compliance requirements, all contract offers are subject to the condition that contractors do not appear on anti-terrorism lists, in line with ACTED's anti-terrorism policy. To this end, ACTED reserves the right to carry out anti-terrorism checks on contractor, its board members, staff, volunteers, consultants, financial service providers and sub-contractor.

NOTE: ACTED adopts a zero tolerance approach towards corruption and is committed to respecting the highest standards in terms of efficiency, responsibility and transparency in its activities. In particular, ACTED has adopted a participatory approach to promote and ensure transparency within the organization and has set up a Transparency focal point (Transparency Team supervised by the Director of Audit and Transparency) via a specific e-mail address. As such, if you witness or suspect any unlawful, improper or unethical act or business practices (such as soliciting, accepting or attempting to provide or accept any kickback) during the tendering process, please send an e-mail to transparency@acted.org.

Name of Bidder's Authorized Representative: _____

Authorized signature and stamp: _____

Date: _____



OFFER FORM ACTED Lebanon

Date:

Tender N°: *T/11FWA/INSURANCE SERVICES/BRT/10-05-2019*

To be Filled by Bidder (COMPULSORY)

Details of Bidding Company:

1. Company Name: (_____)
2. Company Authorized Representative Name: (_____)
3. Company Registration No: (_____)
No/Country/ Ministry
4. Company Specialization: (_____)
5. Mailing Address: (_____)
Country/Governorate./City/St name/Shop-Office No
 - a. Contact Numbers: (Land Line: _____ / Mobile No: _____)
 - b. E-mail Address: (_____)

I undersigned _____, agree to provide ACTED, non-profit NGO, with items answering the following specifications, according to the general conditions and responsibilities that I engage myself to follow.

PLEASE FILL IN THE FOLLOWING TABLES, ONE FOR EACH LOT:

LOT 1: PROVISION OF STAFF MEDICAL INSURANCE SERVICES UNDER A ONE YEAR FRAMEWORK CONTRACT (ONE YEAR FRAMEWORK AGREEMENT)



CLASS A:

Price per employee - Class A	Price USD excluding Tax		Price USD including Tax	
	A Co-NSSF	A Co-NIL	A Co-NSSF	A Co-NIL
Body Repatriation				
In-Patient				
Ambulatory (85%)				
Ambulatory (100%)				
Prescribed Medicines for Both Acute and Chronic Medicines (85%)				
Prescribed Medicines for Both Acute and Chronic Medicines (100%)				
Doctor's Visits (12 visits per year) - 85%				
Doctor's Visits (12 visits per year) - 100%				
Personal Accident Insurance (AD/PPD/PTD and Accidental Medical Reimbursement , Passive War Risk)				

CLASS B:

Price per employee - Class B	Price USD excluding Tax		Price USD including Tax	
	B Co-NSSF	B Co-NIL	B Co-NSSF	B Co-NIL
Body Repatriation				
In-Patient				
Ambulatory (85%)				
Ambulatory (100%)				
Prescribed Medicines for Both Acute and Chronic Medicines (85%)				
Prescribed Medicines for Both Acute and Chronic Medicines (100%)				
Doctor's Visits (12 visits per year) - 85%				
Doctor's Visits (12 visits per year) - 100%				
Personal Accident Insurance (AD/PPD/PTD and Accidental Medical Reimbursement , Passive War Risk)				



STAFF LIST

No.	Gender	D.O.B	Class (A or B)	NSSF (Yes/No)	Ambulatory (85/100)	Doctor's visits (Yes/No - 85/100)	Medicine (Yes/No - 85/100)	GlobeMed coverage or any similar
1	Male	29/03/1974	B	Y	85	yes/85	yes/85	yes
2	Male	07/07/1993	A	Y	85	yes/85	yes/85	yes
3	Male	12/03/1981	B	Y	85	yes/85	yes/85	yes
4	Male	20/10/1958	B	Y	85	yes/85	yes/85	yes
5	Male	30/03/1993	A	Y	85	yes/85	yes/85	yes
6	Male	15/05/1993	B	Y	86	yes/85	yes/85	yes
7	Male	05/04/1990	B	Y	85	yes/85	yes/85	yes
8	Male	05/04/1987	B	Y	85	yes/85	yes/85	yes
9	Female	07/11/1991	A	Y	85	yes/85	yes/85	yes
10	Female	03/05/1979	A	Y	85	yes/85	yes/85	yes
11	Male	11/05/1969	A	Y	85	yes/85	yes/85	yes
12	Female	18/02/1975	A	Y	85	yes/85	yes/85	yes
13	Female	11/12/1996	B	Y	85	yes/85	yes/85	yes
14	Male	10/10/1966	B	Y	85	yes/85	yes/85	yes
15	Male	28/04/1973	A	Y	85	yes/85	yes/85	yes
16	Female	27/08/1995	A	Y	85	yes/85	yes/85	yes
17	Male	10/01/1984	B	Y	85	yes/85	yes/85	yes
18	Female	19/12/1992	A	Y	85	yes/85	yes/85	yes
19	Female	07/09/1994	B	Y	85	yes/85	yes/85	yes
20	Male	12/02/1972	B	Y	85	yes/85	yes/85	yes
21	Female	31/03/1996	A	Y	85	yes/85	yes/85	yes
22	Female	21/08/1990	A	Y	85	yes/85	yes/85	yes
23	Male	18/03/1970	B	Y	85	yes/85	yes/85	yes
24	Female	25/05/1981	B	Y	85	yes/85	yes/85	yes
25	Male	08/10/1986	B	Y	85	yes/85	yes/85	yes
26	Male	25/02/1991	B	Y	85	yes/85	yes/85	yes
27	Male	24/09/1993	B	Y	85	yes/85	yes/85	yes
28	Male	06/07/1983	A	Y	85	yes/85	yes/85	yes



29	Male	22/07/1985	A	Y	85	yes/85	yes/85	yes
30	Male	19/05/1984	B	Y	85	yes/85	yes/85	yes
31	Male	16/10/1989	A	Y	85	yes/85	yes/85	yes
32	Male	09/04/1979	B	Y	85	yes/85	yes/85	yes
33	Female	06/03/1982	A	Y	85	yes/85	yes/85	yes
34	Female	04/08/1996	B	Y	85	yes/85	yes/85	yes
35	Female	30/09/1992	A	Y	85	yes/85	yes/85	yes
36	Female	26/07/1979	B	Y	85	yes/85	yes/85	yes
37	Female	21/05/1991	A	Y	85	yes/85	yes/85	yes
38	Female	07/11/1987	B	Y	85	yes/85	yes/85	yes
39	Male	21/05/1993	B	Y	85	yes/85	yes/85	yes
40	Male	18/11/1991	A	Y	85	yes/85	yes/85	yes
41	Male	30/03/1990	A	Y	85	yes/85	yes/85	yes
42	Female	01/01/1994	B	Y	85	yes/85	yes/85	yes
43	Male	25/10/1995	A	Y	85	yes/85	yes/85	yes
44	Male	07/03/1987	A	Y	85	yes/85	yes/85	yes
45	Male	10/07/1987	B	Y	85	yes/85	yes/85	yes
46	Female	08/04/1990	A	Y	85	yes/85	yes/85	yes
47	Male	28/07/1985	B	Y	85	yes/85	yes/85	yes
49	Female	01/01/1958	B	Y	85	yes/85	yes/85	yes
50	Female	14/09/1990	A	Y	85	yes/85	yes/85	yes
51	Male	05/10/1985	A	Y	85	yes/85	yes/85	yes
52	Male	21/12/1989	B	Y	85	yes/85	yes/85	yes
53	Male	22/01/1985	A	Y	85	yes/85	yes/85	yes
54	Male	27/12/1995	B	Y	85	yes/85	yes/85	yes
55	Male	14/10/1988	B	Y	85	yes/85	yes/85	yes
56	Male	15/01/1993	A	Y	85	yes/85	yes/85	yes
57	Female	26/09/1994	B	Y	85	yes/85	yes/85	yes
58	Male	03/09/1971	B	Y	85	yes/85	yes/85	yes
59	Male	24/04/1991	A	Y	85	yes/85	yes/85	yes

SPOUSE INSURANCE:



CLASS A:

Price per Spouse - Class A	Price USD excluding Tax		Price USD including Tax	
	A Co-NSSF	A Co-NIL	A Co-NSSF	A Co-NIL
In-Patient				
Ambulatory (85%)				
Ambulatory (100%)				
Prescribed Medicines for Both Acute and Chronic Medicines (85%)				
Prescribed Medicines for Both Acute and Chronic Medicines (100%)				
Doctor's Visits (12 visits per year) (85%)				
Doctor's Visits (12 visits per year) (100%)				

CLASS B:

Price per Spouse - Class B	Price USD excluding Tax		Price USD including Tax	
	A Co-NSSF	A Co-NIL	A Co-NSSF	A Co-NIL
In-Patient				
Ambulatory (85%)				
Ambulatory (100%)				
Prescribed Medicines for Both Acute and Chronic Medicines (85%)				
Prescribed Medicines for Both Acute and Chronic Medicines (100%)				
Doctor's Visits (12 visits per year) (85%)				
Doctor's Visits (12 visits per year) (100%)				



CHILDREN'S INSURANCE:

CLASS A:

Price per Children - Class A	Price USD excluding Tax		Price USD including Tax	
	A Co-NSSF	A Co-NIL	A Co-NSSF	A Co-NIL
In-Patient				
Ambulatory (85%)				
Ambulatory (100%)				
Prescribed Medicines for Both Acute and Chronic Medicines (85%)				
Prescribed Medicines for Both Acute and Chronic Medicines (100%)				
Doctor's Visits (12 visits per year) (85%)				
Doctor's Visits (12 visits per year) (100%)				

CLASS B:

Price per Children - Class B	Price USD excluding Tax		Price USD including Tax	
	A Co-NSSF	A Co-NIL	A Co-NSSF	A Co-NIL
In-Patient				
Ambulatory (85%)				
Ambulatory (100%)				
Prescribed Medicines for Both Acute and Chronic Medicines (85%)				
Prescribed Medicines for Both Acute and Chronic Medicines (100%)				
Doctor's Visits (12 visits per year) (85%)				
Doctor's Visits (12 visits per year) (100%)				

LIMITATIONS PER PERSON:

FOR CLASS A: LIMITATION OF \$250,000 PER YEAR

FOR CLASS B: LIMITATION OF \$150,000 PER YEAR

DRUGS LIMITATION: 2,500 USD PER PERSON

WORK RELATED ACCIDENTS COVERAGE IS MANDATORY.

BIDDER'S COMMENTS/REMARKS:



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1. _____
2. _____

BIDDER'S TERMS AND CONDITIONS:

1. Validity of the offer: _____ (recommended: 3 months or more)
2. Terms of delivery: _____
3. Terms of payment: _____

Name of Bidder's Authorized Representative: _____

Authorized signature and stamp: _____

Date: _____

******End of Lot 1******



LOT 2: PROVISION OF LOCAL INSURANCE FOR EXPATS FOR THE WORK PERMIT (ONE YEAR FRAMEWORK AGREEMENT)

Description	Quantity	Unit	Unit price Excluding VAT (USD)	Unit price Including VAT (USD)
One year local insurance for work permit - Male	1	Insurance		
One year Local insurance for work permit - Female	1	Insurance		

BIDDER'S COMMENTS/REMARKS:

1. _____
2. _____

BIDDER'S TERMS AND CONDITIONS:

1. Validity of the offer: _____ (recommended: 3 months or more)
2. Terms of delivery: _____
3. Terms of payment: _____

Name of Bidder's Authorized Representative: _____

Authorized signature and stamp: _____

Date: _____

*****End of Lot 2*****

BIDDER'S ETHICAL DECLARATION ACTED Lebanon

Date:

Tender N°: T/11FWA/INSURANCE SERVICES/BRT/10-05-2019

Tenderer's name: _____

Tenderer's address: _____

CODE OF CONDUCT:**1. Labour Standards**

The labour standards in this code are based on the conventions of the International Labour Organisation (ILO).

- *Employment is freely chosen*

There is no forced, bonded or involuntary prison labour. Workers are not required to lodge 'deposits' or their identity papers with the employer and are free to leave their employer after reasonable notice.

- *Freedom of association and the right to collective bargaining are respected*

Workers, without distinction, have the right to join or form trade unions of their own choosing and to bargain collectively. The employer adopts an open attitude towards the legitimate activities of trade unions. Workers representatives are not discriminated against and have access to carry out their representative functions in the workplace. Where the right to freedom of association and collective bargaining is restricted under law, the employer facilitates, and does not hinder, the development of parallel means for independent and free association and bargaining.

- *Working conditions are safe and hygienic*

A safe and hygienic working environment shall be provided, bearing in mind the prevailing knowledge of the industry and of any specific hazards. Adequate steps shall be taken to prevent accidents and injury to health arising out of, associated with, or occurring in the course of work, by minimising, so far as is reasonably practicable, the causes of hazards inherent in the working environment. Workers shall receive regular and recorded health and safety training, and such training shall be repeated for new or reassigned workers. Access to clean toilet facilities and potable water and, if appropriate, sanitary facilities for food storage shall be provided. Accommodation, where provided, shall be clean, safe, and meet the basic needs of the workers. The company observing the standards shall assign responsibility for health and safety to a senior management representative.

- *Child Labour shall not be used*

There shall be no new recruitment of child labour. Companies shall develop or participate in and contribute to policies and programmes, which provide for the transition of any child found to be performing child labour to enable her/him to attend and remain in quality education until no longer a child. Children and young people under 18 years of age shall not be employed at night or in hazardous conditions. These policies and procedures shall conform to the provisions of the relevant International Labour Organisation (ILO) standards.

- *Living wages are paid*

Wages and benefits paid for a standard working week meet, at a minimum, national legal standards or industry benchmarks. In any event wages should always be high enough to meet basic needs and to provide some discretionary income. All workers shall be provided with written and understandable information about their employment conditions in respect to wages before they enter employment, and about the particulars of their wages for the pay period concerned each time that they are paid. Deductions from wages as a disciplinary measure shall not be permitted nor shall any deductions from wages not provided for by national law be permitted without the express and informed permission of the worker concerned. All disciplinary measures should be recorded.

- *Working hours are not excessive*

Working hours comply with national laws and benchmark industry standards, whichever affords greater protection. In any event, workers shall not on a regular basis be required to work in excess of the local legal working hours. Overtime shall be voluntary, shall not exceed local legal limits, shall not be demanded on a regular basis and shall always be compensated at a premium rate.

- *No discrimination is practised*

There is no discrimination in hiring, compensation, access to training, promotion, termination or retirement based on race, caste, national origin, religion, age, disability, gender, marital status, sexual orientation, union membership or political affiliation.

- *Regular employment is provided*

To every extent possible work performed must be on the basis of a recognised employment relationship established through national law and practice. Obligations to employees under labour or social security laws and regulations arising from the regular employment relationship shall not be avoided through the use of labour-only contracting, sub-contracting or home-working arrangements, or through apprenticeship schemes where there is no real intent to impart skills or provide regular employment, nor shall any such obligations be avoided through the excessive use of fixed-term contracts of employment.

- *No harsh or inhumane treatment is allowed*

Physical abuse or discipline, the threat of physical abuse, sexual or other harassment and verbal abuse or other forms of intimidation shall be prohibited.

B. Environmental Standards

Suppliers should as a minimum comply with all statutory and other legal requirements relating to the environmental impacts of their business. Detailed performance standards are a matter for suppliers, but should address at least the following:

- *Waste Management*

Waste is minimised and items recycled whenever this is practicable. Effective controls of waste in respect of ground, air, and water pollution are adopted. In the case of hazardous materials, emergency response plans are in place.

- *Packaging and Paper*

Undue and unnecessary use of materials is avoided, and recycled materials used whenever appropriate.

- *Conservation*

Processes and activities are monitored and modified as necessary to ensure that conservation of scarce resources, including water, flora and fauna and productive land in certain situations.

- *Energy Use*

All production and delivery processes, including the use of heating, ventilation, lighting, IT systems and transportation, are based on the need to maximise efficient energy use and to minimise harmful emissions.

- *Safety precautions for transport and cargo handling*

All transport and cargo handling processes are based on the need to maximise safety precautions and to minimise potential injuries to ACTED beneficiaries and staff as well as the suppliers's employees or those of its subcontractors.

C. Business Behaviour

The conduct of the supplier should not violate the basic rights of ACTED's beneficiaries.

The supplier should not be engaged

1. in the manufacture of arms
2. in the sale of arms to governments which systematically violate the human rights of their citizens; or where there is internal armed conflict or major tensions; or where the sale of arms may jeopardise regional peace and security.

D. ACTED procurement rules and regulations

Suppliers should comply with ACTED procurement rules and regulations outlines in ACTED Logistics Manual Version 1.2. or above. In particular, ACTED's procurement policy set out in Section 2.1 and 2.4. (contract awarding). By doing so, Suppliers acknowledge that they do not find themselves in any of the situations of exclusion as referred to under section 2.4.2.

Operating Principles

The implementation of the Code of Conduct will be a shared responsibility between ACTED and its suppliers, informed by a number of operating principles, which will be reviewed from time to time.

ACTED will:

1. Assign responsibility for ensuring compliance with the Code of Conduct to a senior manager.
2. Communicate its commitment to the Code of Conduct to employees, supporters and donors, as well as to all suppliers of goods and services.
3. Make appropriate human and financial resources available to meet its stated commitments, including training and guidelines for relevant personnel.
4. Provide guidance and reasonable non-financial support to suppliers who genuinely seek to promote and implement the Code standards in their own business and in the relevant supply chains, within available resources.
5. Adopt appropriate methods and systems for monitoring and verifying the achievement of the standards.
6. Seek to maximise the beneficial effect of the resources available, e.g. by collaborating with other NGOs, and by prioritising the most likely locations of non-compliance.

ACTED expects suppliers to:

1. Accept responsibility for labour and environmental conditions under which products are made and services provided. This includes all work contracted or sub-contracted and that conducted by home or other out-workers.
2. Assign responsibility for implementing the Code of Conduct to a senior manager.



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3. Make a written Statement of Intent regarding the company's policy in relation to the Code of Conduct and how it will be implemented, and communicate this to staff and suppliers as well as to ACTED.

Both parties will

1. require the immediate cessation of serious breaches of the Code and, where these persist, terminate the business relationship.
2. Seek to ensure all employees are aware of their rights and involved in the decisions which affect them.
3. Avoid discriminating against enterprises in developing countries.
4. Recognise official regulation and inspection of workplace standards, and the interests of legitimate trades unions and other representative organisations.
5. seek arbitration in the case of unresolved disputes.

Qualifications to the Policy Statement

The humanitarian imperative is paramount. Where speed of deployment is essential in saving lives, ACTED will purchase necessary goods and services from the most appropriate available source.

ACTED can accept neither uncontrolled cost increases nor drops in quality. It accepts appropriate internal costs but will work with suppliers to achieve required ethical standards as far as possible at no increase in cost or decrease in quality.

I undersigned _____, agree to adopt the above Code of Conduct and to commit to comply with the labour and environmental standards specified, both in my own company and those of my suppliers.

Name & Position of Tenderer's authorized representative _____

Authorized signature _____



BIDDER'S CHECK LIST ACTED Lebanon

Date:

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BEFORE SENDING YOUR BIDDING DOCUMENTS, PLEASE CHECK THAT EACH OF THE FOLLOWING ITEM IS COMPLETE AND RESPECTS THE FOLLOWING CRITERIA :

Description	To be filled in by Bidder		For ACTED use only (to be filled in by Purchase Committee)		Comments
	Included		Present		
	Yes	No	Yes	No	
1. An original and one copy of the bid have been provided					
2. (form PRO-05) – Instructions to Bidders is attached, filled, signed and stamped on each page by the supplier. (compulsory)					
3. (form PRO-06) – Offer Form is attached, filled, signed and stamped on each page by the supplier. (compulsory)					
4. The prices in the Offer Form are in USD (compulsory)					
5. (form PRO-06.01) – Bidders Questionnaire Form is attached, filled, signed and stamped on each page by the supplier (compulsory)					
6. (form PRO-06.02) – Bidder's Ethical Declaration is attached, filled, signed and stamped on each page by the supplier (compulsory)					
7. The Bidding documents are filled in English.					
8. ANNEXES – Proofs of past performances in a similar field of activity (e.g. past deliveries of similar services) are provided (compulsory)					
9. ANNEXES – A Copy of Company registration documents, copy of the Legal representative and license are included (compulsory)					
+ A catalogue or sample of the product or if there are different options, a sample or catalogue of each option needs to be submitted					

Name & Position of Bidder's authorized representative _____

Authorized signature _____

BIDDER'S QUESTIONNAIRE ACTED LEBANON

Date :

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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	
<i>Governance of the company: Chairman, Vice-Chairman, Treasurer or Secretary of the Board of Directors or Board of Trustees</i>			
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 address	
Is the individual a U.S. citizen or legal permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Professional Licenses – State Issued Certifications	
<i>Management of the company: CEO, Executive Director, Deputy Director, President or Vice-President</i>			
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	
<i>Management of the company: Chief Finance Officer or Chief Accountant</i>			
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	
<i>Company's staff & insurance</i>			
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:		What is the legal minimum wage paid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In what capacity?		Are paid vacations 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
<i>Description of the Company</i>			
Type of Business (multiple choices possible):	<input type="checkbox"/> Manufacturing <input type="checkbox"/> Consulting Company <input type="checkbox"/> Authorized Agent	<input type="checkbox"/> Manufacturing <input type="checkbox"/> Trader <input type="checkbox"/> Other, please specify : _____	
Sector of Business (multiple choices possible):	<input type="checkbox"/> Goods / supplies <input type="checkbox"/> Services <input type="checkbox"/> Equipment	<input type="checkbox"/> Works <input type="checkbox"/> Other, please specify : _____	
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"/> 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"/> 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:	



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 as 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's Child Protection, Sexual Exploitation and Abuse Protection, Conflict of Interest, Anti-fraud, Anti-terrorist 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 documents			For ACTED use only
1) Trading license	<input type="checkbox"/> Attached		<input type="checkbox"/> Checked
2) VAT registration/tax clearance certificate	<input type="checkbox"/> Attached		<input type="checkbox"/> Checked
3) Company profile	<input type="checkbox"/> Attached		<input type="checkbox"/> Checked
4) Proof of trading/dealership/agent	<input type="checkbox"/> Attached		<input type="checkbox"/> Checked
5) Evidence of similar contracts	<input type="checkbox"/> Attached		<input type="checkbox"/> Checked
6) References	<input type="checkbox"/> Attached		<input type="checkbox"/> Checked
7) Particulars of CEO and key personnel	<input type="checkbox"/> Attached		<input type="checkbox"/> Checked
8) Articles of Association & Certificate of incorporation	<input type="checkbox"/> Attached		<input type="checkbox"/> Checked
9) Financial statements (latest)	<input type="checkbox"/> Attached		<input type="checkbox"/> Checked
10) Other (specify):	<input type="checkbox"/> Attached		<input type="checkbox"/> Checked

Company Name: _____

Authorized Representative Name: _____

Signature: _____

Stamp: