

ANNEX - A



VENDOR QUESTIONNAIRE (Confidential)

Note: CARE Standard Payment Terms are 30 days from receipt of goods or service and a CARE approved invoice.

I. REQUIRED INFORMATION (Please Print Clearly)

CARE Contact Name:			
Company/Individual Name:			
Owner Name (if different from above):		Nationality of Owner:	
Contact Person:			
Full Address (Street/City, etc):			
Phone No:		Fax No:	
E-mail:		Website:	

II. CUSTOMER REFERENCES

Provide 3 current customer references, listing customer, phone number, contact person, contact's e-mail and a description of the product or service provided to the customer. (If you need additional space please use a separate page.)

1	Name of Organization/Business			
	Name of Contact Person		Title	
	E-mail:		Phone:	
	Type of product / service provided to client			
2	Name of Organization/Business			
	Name of Contact Person		Title	
	E-mail:		Phone:	
	Type of product / service provided to client			
3	Name of Organization/Business			
	Name of Contact Person		Title	
	E-mail:		Phone:	
	Type of product / service provided to client			

III. Indicate below the products or services sold or provided by you

[a]	[b]
[c]	[d]
[e]	[f]
[g]	[h]

IV. Registration of Business

1. Is your firm registered as a business entity with the government?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. If YES, please provide your business registration number		
3. If applicable, please provide Sales Tax Registration		

Number		
4. Please provide Tax ID number		
5. Indicate how long have you been in this type of business		
6. Have you ever done business with other aid agencies? If so, provide names of agencies immediately below:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7. Are you related to any person currently employed with CARE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8. If YES, please provide name and position		
9. Provide here, any additional information regarding your business		
NOTE: Government regulations may require CARE to deduct taxes on any transaction prior to effecting payment to the vendor.		

V. Certification

I certify that the foregoing is true and complete to the best of my knowledge and belief and that no material changes have occurred to the business which would affect any of the above representations.

CERTIFICATION REGARDING TERRORISM: Seller hereby certifies that it has not provided and will not provide material support or resources to any individual or organization that it knows, or has reason to know, is an individual or organization that advocates, plans, sponsors, engages in, or has engaged in an act of terrorism.

Misrepresentation above may result in cancellation and severing all ties with the agency/person and will be deleted from CARE's database of clients. I have read the above statement and certify under oath that the information contained herein is true and accurate to the best of my knowledge and belief.

Name of Person Completing Form (Please print clearly)

Title:

Signature:

Date:

FOR PROCUREMENT USE ONLY

- Anti-Terrorism Check Completed
- Customer References Verified

Annex A.1

ESSENTIAL CRITERIA

Instructions – Bidders are required to complete all sections of the below table

Item	Question	Bidder Response	
1	<p><i>The Bidder confirms it is fully qualified, licenses and registered to trade with CARE Turkey (including compliance with all relevant local Country legislation). This includes the Bidder submitting the following requirements (where applicable):</i></p> <ul style="list-style-type: none"> - <i>Business registration with Chamber of Commerce</i> - <i>Tax registration number & certificate</i> - <i>Business registration certificate</i> 	Yes / No	Comments
		Requirement	Bidder Response / Attachments
		Business registration with Chamber of Commerce	
		Tax registration certificate	
		Business Registration certificate	
		Latest Business Financial Statement	
	<p><i>The bidder has been trading for at least 3 years</i></p>	Yes / No	
	<p><i>That they are not any prohibited parties or on government blacklisting, nor are any sister or parent companies</i></p>	Yes / No	
	<p><i>Bidder's confirmation of compliance with the CARE Turkey's General Conditions.</i></p>	Yes / No	
	<p><i>Supplier is not linked directly or indirectly to terrorism related activity. Supplier does not sell goods or services that have a dual purpose that could be used in terror related activity</i></p>	Yes / No	
	<p><i>Supplier agrees to be audited by CARE's donor or their authorized auditing agencies</i></p>	Yes / No	
	<p><i>All suppliers need to be able to provide a kitting service</i></p>	Yes / No	

<p><i>Annual value of sales for the last 3 Financial years (according to balance sheet) in United States</i></p> <p><i>Dollars:</i></p> <p><i>Has the Company been audited in the last 3 years?</i></p>	<p>Year _____: _____ Year _____ _____: _____ Year _____:</p> <p>_____</p> <p>Yes / No</p> <p><i>If "No", please advise reason for no audit:</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><i>Type of Business (check the box):</i></p>	<p><input type="checkbox"/> Corporate/Limited <input type="checkbox"/> Trader</p> <p><input type="checkbox"/> Manufacturer <input type="checkbox"/> Consultants</p>
<p>*** <i>Do you have experience of handling shipments into North West Syria? If yes, please indicate the number of shipments you handled in 2019 and 2020</i></p>	