

Annex 3: Supplier Questionnaire

All requested information will be treated confidentially.

Part 1 - General

Company name			
Address	Street + house number	City / District	Postal code
Owner(s)	Name	Official Position	
Tax and registration no.	Tax number	Registration number	
Legal form of company	(Corporation, Partnership, Limited Liability Company, Joint Venture, other)		
Contact person	Full Name	Official Position	<u>Contact information</u> Phone: E-Mail:
Which category of goods or services does the company offer?			
Do you have experience working with NGOs? Other references?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, provide references and evidence of work completed.
Do you have a Safeguarding policy or other internal policies to prevent the exploitation of women, children and vulnerable people?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, attach copies of each.

Value of annual turnover for the last 12 months. (Provide evidence)			
Number of Employees			
Average delivery time of goods/services offered	<i>(Specify for various categories of goods/services when different)</i>		
Country of origin of goods/supplies offered	If multiple countries, list all.		
Standard terms of payment/mode of payment			
Do you offer follow up and support services for the goods/services provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please specify.
Do you give a guarantee for your goods/services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, how long and in which scale: <i>(Specify for various categories of goods/services when different)</i>
How do you ensure the quality of the goods/services offered?	<input type="checkbox"/> Sample inspection <input type="checkbox"/> Quality agreements <input type="checkbox"/> Product know-how <input type="checkbox"/> Supplier visits <input type="checkbox"/> Reference check <input type="checkbox"/> Work trials Explain in Detail:		
Do you offer a standard price list for your goods/services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Attached to file <input type="checkbox"/>
Is there a link between you and any employee of Johanniter International Assistance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, what is their name and the nature of the relationship?

Part 2 - Technical questions for pharmaceutical and medical supplies

Do you have a license to sell pharmaceuticals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not required <input type="checkbox"/>	License issued by
How do you ensure the quality of pharmaceutical products?	Comments:			
How are medical products stored? How is a cold chain ensured?	Comments:			

Part 3 – Declaration

WE DECLARE that

- the information given above is correct;
- our products and/or services are produced without the labor of children below age 18;
- we do not provide support, financial or otherwise, to individuals or organizations associated with terrorism;
- we fulfil, have fulfilled, and will fulfill our obligations regarding the payment of any applicable taxes, duties, charges, and social contributions etc. related to the products or services provided in the countries of incorporation and operation;
- there are no international sanctions against the owner(s) and/or company in place;

WE FURTHER DECLARE that

our interest to be included in the Johanniter database for prequalified providers of supplies, services and works.

 Name and Position of Authorized Company Representative
 Date

 Signature