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| --- | --- | --- | --- |
| 1. **Company information** | | | |
|  | Legal name of the company, the one that wants to be registered on our roster (the “**Applicant**”)  *(insert exact same as business license)* | | ………………………………………….……………………  Valid business license attached with annex n. ……………… |
|  | How did you find this opportunity?  (UNGM, referral from another company, referral from WFP, etc) | | Source: ………………………………………….…………………  Contract details: ………………………………………….…… |
|  | Date of establishment  *(when your company was created)* | | ………………………………………….……………………  Incorporation certificate or by-laws attached with annex n. ……………… |
|  | Trading name  *(name known on the market)* | | ………………………………………….…………………… |
|  | Full address  *(where the company is registered)* | | Country: ………………………………………….……………………  City: ………………………………………….……………………  Address: ………………………………………….…………………… |
|  | Website address  *(if available, insert link)* | | ………………………………………….…………………… |
|  | UNGM n.  ([www.ungm.org](http://www.ungm.org)) | | ………………………………………….…………………… |
|  | Tax number | | ………………………………………….……………………  Supporting document attached with annex n. ……………… |
|  | Type of business | | ☐Trader  ☐Producer/Manufacturer |
|  | Employment rate  *(insert number of people)* | | Permanently employed as 01/01/2025: ……… of which ……… females  Casually employed as 01/01/2025: ……… of which ……… females |
|  | Focal point for this registration process | | Name, surname ………………………………………….……………………  Title: ………………………………………….……………………  Phone: ………………………………………….……………………  Email: ………………………………………….…………………… |
| 1. **Management and ownership** | | | |
|  | In the company, who has the authority to sign contracts? If more than one person, insert all. | | Name, surname, title:…………………….……………………  Supporting document attached with annex n. ……………… |
|  | Who owns your company?  *If a person, provide ID/passport copy. If another company, provide their business license or ownership agreement.* | | ………………………………………….……………………  Supporting document attached with annex n. ……………… |
|  | Can you provide an organogram of your company? *(this is the drawing with roles and who sits in each role)* | | ☐Yes    ☐No  If no, explain why ………… |
|  | Describe your company structure. We are looking for info on your company structure, who makes decisions, alternative office locations, company core business, etc. | | ………………………………………….……………………  Supporting document attached with annex n. ……………… |
| 1. **Experience** | | | |
|  | Experience working with other UN Agencies or NGOs | ☐Yes    ☐No  If yes, insert entities’ names: ………………………………………….…………………… | |
|  | Have you ever worked with WFP? | ☐Yes    ☐No  If yes, insert WINGS / registration n. ……………… | |

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|  | 1. **References** *Send 3 reference letters or contracts showing experience for similar purchases* | | | | | | | | | | | |
|  |  | | Reference 1 | | Contract with / Reference from:…………………….……………………  What did you supply:…………………….……………………  Total contract value (in USD): :…………………….……………………  Contact name, email, phone:…………………….……………………  Contract/Reference 1 attached with annex n. ……………… | | | | | | | |
|  |  | | Reference 2 | | Contract with / Reference from:…………………….……………………  What did you supply:…………………….……………………  Total contract value (in USD): :…………………….……………………  Contact name, email, phone:…………………….……………………  Contract/Reference 2 attached with annex n. ……………… | | | | | | | |
|  |  | | Reference 3 | | Contract with / Reference from:…………………….……………………  What did you supply:…………………….……………………  Total contract value (in USD): :…………………….……………………  Contact name, email, phone:…………………….……………………  Contract/Reference 3 attached with annex n. ……………… | | | | | | | |
|  | 1. **Technical details** | | | | | | | | | | | |
|  |  | | Type of packaging material | | | Can you supply this item as per local market standards? | | Can you comply with WFP’s technical specifications (annex 2)? | | Can you print WFP or any other logo / marking on this material? | How many of these items can you produce per day? | |
|  |  | | Polypropylene woven bags | | | ☐Yes    ☐No | | ☐Yes    ☐No  If no, why? ………… | | ☐Yes    ☐No  If yes, how: ………… | ………… | |
|  |  | | Bottles in plastic, Jerrycans | | | ☐Yes    ☐No | | ☐Yes    ☐No  If no, why? ………… | | ☐Yes    ☐No  If yes, how: ………… | ………… | |
|  |  | | Cans in metal | | | ☐Yes    ☐No | | ☐Yes    ☐No  If no, why? ………… | | ☐Yes    ☐No  If yes, how: ………… | ………… | |
|  |  | | Cartons or boxes (generic) | | | ☐Yes    ☐No | | ☐Yes    ☐No  If no, why? ………… | | ☐Yes    ☐No  If yes, how: ………… | ………… | |
|  |  | | Polypropylene bags | | | ☐Yes    ☐No | | ☐Yes    ☐No  If no, why? ………… | | ☐Yes    ☐No  If yes, how: ………… | ………… | |
|  |  | | Sachets in plastic | | | ☐Yes    ☐No | | ☐Yes    ☐No  If no, why? ………… | | ☐Yes    ☐No  If yes, how: ………… | ………… | |
|  |  | | Sachets in metallized flexible material (e.g. for biscuits) | | | ☐Yes    ☐No | | ☐Yes    ☐No  If no, why? ………… | | ☐Yes    ☐No  If yes, how: ………… | ………… | |
|  |  | | Cartons or boxes (full compostable) | | | ☐Yes    ☐No | | ☐Yes    ☐No  If no, why? ………… | | ☐Yes    ☐No  If yes, how: ………… | ………… | |
|  |  | | Bottles in glass | | | ☐Yes    ☐No | | ☐Yes    ☐No  If no, why? ………… | | ☐Yes    ☐No  If yes, how: ………… | ………… | |
|  |  | | Cans in plastic | | | ☐Yes    ☐No | | ☐Yes    ☐No  If no, why? ………… | | ☐Yes    ☐No  If yes, how: ………… | ………… | |
|  |  | | Cans in glass | | | ☐Yes    ☐No | | ☐Yes    ☐No  If no, why? ………… | | ☐Yes    ☐No  If yes, how: ………… | ………… | |
|  |  | | Vacuum-sealed pouches for long term storage | | | ☐Yes    ☐No | | ☐Yes    ☐No  If no, why? ………… | | ☐Yes    ☐No  If yes, how: ………… | ………… | |
|  |  | | Tamper-evident packaging | | | ☐Yes    ☐No | | ☐Yes    ☐No  If no, why? ………… | | ☐Yes    ☐No  If yes, how: ………… | ………… | |
|  |  | | Bubble wrap | | | ☐Yes    ☐No | | ☐Yes    ☐No  If no, why? ………… | | ☐Yes    ☐No  If yes, how: ………… | ………… | |
|  |  | | Padded materials for fragile items (e.g., glass bottles/cans) | | | ☐Yes    ☐No | | ☐Yes    ☐No  If no, why? ………… | | ☐Yes    ☐No  If yes, how: ………… | ………… | |
|  |  | | Drum containers (plastic or metal) for large liquid or bulk items | | | ☐Yes    ☐No | | ☐Yes    ☐No  If no, why? ………… | | ☐Yes    ☐No  If yes, how: ………… | ………… | |
|  |  | | Packaging material to stuff without pallets (e.g. plastic, laminate films, shrink wrap, stabilizers like straps or corner braces, etc) | | | ☐Yes    ☐No | | ☐Yes    ☐No  If no, why? ………… | | ☐Yes    ☐No  If yes, how: ………… | ………… | |
|  |  | | Indicate any other packing material (not listed above) that you can provide and insert a short description of what it is | | | | | | ………………………………………….……………………  Supporting document attached with annex n. ……… | | | |
|  |  | | Do you have storage space? | | | | | | ☐Yes    ☐No  If yes, insert volume that you can store for WFP products: ……… | | | |
|  |  | | Can you deliver of your packaging materials in these locations? | | | | | | Kabul: ☐ Yes ☐ No  Herat: ☐ Yes ☐ No  Kandahar: ☐ Yes ☐ No  Jalalabad: ☐ Yes ☐ No  Mazar: ☐ Yes ☐ No.  Faizabad: ☐ Yes ☐ No  Other (specify): …………………………… | | | |
|  | 1. **Financial capacity** | | | | | | | | | | | |
|  |  | | Gross turnover/profit in 2024 | | | | Insert value: ……………………………  Insert currency: ……………………………  Audited financial statements for 2024 attached with annex n. ………… | | | | | |
|  |  | | Gross turnover/profit in 2023 | | | | Insert value: ……………………………  Insert currency: ……………………………  Audited financial statements for 2023 attached with annex n. ………… | | | | | |
|  |  | | Gross turnover/profit in 2022 | | | | Insert value: ……………………………  Insert currency: ……………………………  Audited financial statements for 2022 attached with annex n. ………… | | | | | |
|  |  | | Have you completed the registration / payment form (form 1 below)? | | | | ☐Yes    ☐No  If no, explain why ………… | | | | | |
|  | 1. **Disclosures** | | | | | | | | | | | |
|  |  | Do you adhere and comply with the UN Supplier Code of Conduct?  A copy is available at this link <https://www.un.org/Depts/ptd/about-us/un-supplier-code-conduct> | | | | | | | | | | ☐Yes    ☐No  If no, explain why ………… |
|  |  | Have you completed the conflict of interest form (form 2 below), and do you agree to maintain WFP promptly informed about any potential or actual conflict of interest, that may arise?  *Note: disclosing conflicts may not discard you from the award but will help WFP making sure that such conflict is properly managed.* | | | | | | | | | | ☐Yes    ☐No  If no, explain why ………… |
|  |  | Have you completed the disability-inclusiveness form (form 3 below)? | | | | | | | | | | ☐Yes    ☐No  If no, explain why ………… |
|  |  | Do you confirm that your company:   1. is not, nor is a company associated with, a company or individual prohibited from being engaged in procurement by any of the Organizations within the United Nations system. 2. is not currently ineligible, removed or suspended by any of the Organizations within the United Nations system. 3. is not under formal investigation, nor has been sanctioned within the preceding three (3) years by any national authority of a United Nations Member State for engaging or having engaged in proscribed practices, including but not limited to: corruption, fraud, coercion, collusion, obstruction, or any other unethical practice. 4. has not declared bankruptcy, are not involved in bankruptcy or receivership proceedings, and there is no judgment or pending legal action against them that could impair their operations in the foreseeable future. 5. does not have any legal proceedings against or disputes with a UN entity. 6. undertakes not to engage in proscribed practices (including but not limited to: corruption, fraud, coercion, collusion, obstruction, or any other unethical practice) including those under AFAC clause (as indicated in form 4 below) with any of the Organizations within the United Nations system, and to conduct business in a manner that averts any financial, operational, reputational or other undue risk to the Organization(s) within the United Nations system. 7. has no outstanding debts for labour payments or subcontracted manpower, and that all workers are employed in full compliance with local labour legislation. 8. will immediately inform WFP if the company situation changes with regard to any of the statements listed above (during tender stage or after award).   *Non-compliance with this requirement may determine the removal of your company from WFP’s rosters and termination of any existing contractual arrangement.* | | | | | | | | | | ☐Yes    ☐No  If no, explain why ………… |
|  | 1. **Signatures by authorized representative** | | | | | | | | | | | |
|  | Name, surname | | | ………………………………………….…………………… | | | | | | | | |
|  | Title | | | ………………………………………….…………………… | | | | | | | | |
|  | Date | | | ………………………………………….…………………… | | | | | | | | |
|  | Signature | | | ………………………………………….…………………… | | | | | | | | |

**Please stamp this form**

1. **SUPPLIER REGISTRATION/PAYMENT DETAILS FORM**

This form is required to complete your company’s registration on WFP’s payment systems. Once completed, kindly send us by email 2 versions: one word version, and one signed/stamped pdf version.

|  |  |
| --- | --- |
| **Section 1: Vendor information** | |
| **Vendor legal registered name:**  *(same as appearing on certificate of incorporation/business license;*  *no abbreviations)* | ……………….. |
| **Nature of business:** | ……………….. |
| **Registration no.:** *(if available)* | ……………….. |
| **Tax no.:** *(if available)* | ……………….. |
| **VAT registration no.:** *(if available)* | ……………….. |
| **Vendor street/house no.:** | ……………….. |
| **Postal code:** *(if available)* | ……………….. |
| **City:** | ……………….. |
| **Country:** | ……………….. |
| **Telephone number:** *(including country + area code; if available)* | ……………….. |
| **Fax number:** *(including country + area code; if available)* | ……………….. |
| **Emails for receiving electronic payment advice:** *(you can insert more than one; if available)* | ……………….. |
| **Contact person:**  *(for payment-related issues; if available)* | |  |  |  | | --- | --- | --- | | Name | Surname | Role / Department | | ……………….. | ……………….. | Choose an item. | | ……………….. | ……………….. | Choose an item. | |
| **Website (URL):** *(if available)* | ……………….. |
| **Type of business:** | Choose an item.  *If “Other”, specify* ……………….. |
| **Document to be sent to WFP, together with this form:** | ☐ A copy of certificate of incorporation or business license, and  ☐ A copy of cancelled cheque/bank certificate/bank statement with complete bank details |

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| **Section 2: Self declaration**  *IMPORTANT NOTE: WFP maintains a segregation between private sector partnerships and procurement processes to ensure that commercial procurement relationships remain distinct and are managed independently from partnerships.*  *For this purpose, Procurement Vendors are required to complete a self-declaration stating whether you have an existing or part partnership with WFP (other than a commercial relationship). Please see declaration below:* | |
| **Private partnership relationship with WFP’s Private Partnerships and Fundraising Division:** | I hereby declare that [Insert Vendor Name] …………………………  does have/does not have [please select one] a current existing or part partnership with WFP’s Private Partnerships and Fundraising Division. |

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| **Section 3: Bank details**  *This section should contain the bank details where funds will be transferred by WFP.* | |
| **Full Bank name:** | ……………….. |
| **Branch:** | ……………….. |
| **Full Bank Address** | ……………….. |
| **Postal code:** *(if available)* | ……………….. |
| **City:** | ……………….. |
| **Country:** | ……………….. |
| **Swift code:** *(8 or 11 characters)* | ……………….. |
| **Bank code:** *(e.g. ABI, CAB, ABA, BLZ, bank number, sort code, etc.)* | ……………….. |
| **Routing number ACH compliant:**  *(to be provided by US banks only)*  *(ACH is the “Automatic Clearing House” number for domestic US transfers)* | ☐ Yes ☐ No |
| **Bank account number:** | ……………….. |
| **Account Type/check digit/control key** |  |
| **IBAN code:** *(if applicable)* | ……………….. |
| **Name of account holder:** | ………………..  *If different from the “vendor legal registered name” (Section 1), provide an official letter on your company’s letterhead, explaining the name mismatch. This letter shall be stamped and signed by 2 senior officials of the company, with clear indication of their names and titles.* |
| **Account currency:**  *(for multi-currency accounts, indicate multiple currencies)* | *………………..*  *If USD for banks outside the USA, complete Section 4. Otherwise skip Section 4.* |
| **If you want to indicate a second bank, copy/paste this table in a new word document and provide it together with this form.**  **Make sure that all information about your bank account(s) is included in the document(s) sent with this form (see Section 1).** | |

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| **Section 4: Intermediary/Correspondent bank details**  *IMPORTANT NOTE: If you have a USD account in a bank outside the United States of America, intermediary bank details are mandatory. Not providing these details may cause additional bank charges for your company, as well as rejection or delay in payment.* | |
| **Bank name:** | ……………….. |
| **Branch:** | ……………….. |
| **Address / P.O. Box:** | ……………….. |
| **Postal code** *(if available)* | ……………….. |
| **City:** | ……………….. |
| **Country:** | ……………….. |
| **Swift code:** *(8 or 11 characters)* | ……………….. |
| **Bank code:** *(e.g. ABI, CAB, ABA, BLZ, bank number, sort code, etc.)* | ……………….. |
| **Routing number ACH compliant:**  *(to be provided by US banks only)*  *(ACH is the “Automatic Clearing House” number for domestic US transfers)* | ☐ Yes ☐ No |
| **If you provided more than 1 bank in Section 3 above, identify the bank to which this intermediary bank is linked** | ……………….. |
| **Make sure that all information about your intermediary / correspondent bank account is included in document(s) with bank details sent with this form (see Section 1).** | |

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| ***Form prepared by the duly authorized person in the company:*** | | | |
| ……………….. | ……………….. | ……………….. | Click or tap to enter a date. |
| (Name, Surname) | (Position/Title) | (Signature) | (Date) |

**Please stamp this form**

1. **CONFLICT OF INTEREST FORM**

I, the undersigned, [Insert here the name and surname of yourself, the person completing this form], in my capacity as the duly authorized representative of [Insert here the name of your company] (the “**Company**”), hereby request the registration of the Company in WFP's AFCO local vendor rosters.

In connection with this request, I understood the importance of disclosing any information concerning conflicts of interest (as summarized below), and, to the best of my knowledge, declare the following:

1. The Company has no actual, potential, perceived conflict of interest related to WFP’s activities, in the past, currently, or that could arise in the foreseeable future.
2. The Company discloses **Choose an item.** situation(s) that may give rise to a conflict of interest:

**[List here any situation (actual, potential, perceived) that may raise to a conflict of interest. Note: having a conflict *may* not disqualify you from registering with (WFP will review each answer), but not disclosing the situation will have a severe and negative impact on your relationship with WFP).]**

1. The Company will immediately, with no delay, disclose any new situations that may constitute a conflict of interest (actual, perceived, potential) to the Company’s engagement with WFP.
2. The company acknowledges that WFP reserves the right to verify the information provided in this form. If any undisclosed conflict of interest is found, WFP may disqualify the Company from any roster and procurement process and even terminate any awarded contract.
3. I confirm that the Company complies with all obligations concerning conflicts of interest and will continue to do so.

*Conflict of interest is the actual, perceived, or potential situation where an individual’s private interests, or the Company’s interest, conflicts with activities linked to WFP or any of its personnel. A conflict of interests exists where the impartial and objective exercise of functions of a vendor (or its personnel) is compromised (or is perceived / could be perceived as compromised), for reasons involving family, emotional life, political or national affinity, economic interest, or any other shared interest with a recipient.*

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| ***Form prepared by the duly authorized person in the company:*** | | | |
| ……………….. | ……………….. | ……………….. | Click or tap to enter a date. |
| (Name, Surname) | (Position/Title) | (Signature) | (Date) |

**Please stamp this form**

1. **QUESTIONNAIRE ON DISABILITY-INCLUSIVENESS OF VENDORS**

WFP is committed to implement the [United Nations Disability Inclusion Strategy](https://www.un.org/en/content/disabilitystrategy/assets/documentation/UN_Disability_Inclusion_Strategy_english.pdf) (UNDIS). As part of the implementation of the UNDIS, WFP promotes purchasing from disability-inclusive vendors and encourages its vendors to be inclusive of persons with disabilities.

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**September 2018**

A disability-inclusive vendor is a vendor which makes a dedicated, consistent, and measurable effort to implement disability-inclusive practices. Vendors can show that they are disability-inclusive through a variety of means such as, for instance, having an organizational policy on disability inclusion, recruiting and hiring people with disabilities, offering reasonable accommodation to candidates and personnel with disabilities, providing accessible premises, ensuring that their supply chains are disability-inclusive, or manufacturing accessible products following Universal Design principles.

WFP is interested in the efforts made by the its vendors towards including persons with disabilities and would like to collect information about such initiatives. Vendors who wish to do business with WFP must complete this questionnaire on disability-inclusiveness. It is important to note that the specific answers provided will not preclude a vendor from participating in WFP’s business.

1. Do you have a general disability-inclusion policy? **Choose an item.** If yes, please provide details: ……………………………….
2. Do you have a policy that promotes the employment of persons with disabilities (this does not need to be specific and could be part of the general human resources policy)? **Choose an item.** If yes, please provide details: ……………………………….
3. Do you employ persons with disabilities? **Choose an item.** If yes, please provide details: ……………………………….
4. Do you have a policy that foresees the provision of reasonable adjustments to persons with disabilities (e.g. applicants, employees, suppliers, visitors) who so require? **Choose an item.** If yes, please provide details such as, for instance, a registry of requests for adjustments made and their status: ……………………………….
5. Do you require your suppliers to be disability-inclusive? **Choose an item.** If yes, please provide details such as a respective policy or written agreements you may have: ……………………………….
6. Do you engage or consult persons with disabilities in the development of your products or services? **Choose an item.** If yes, please provide details such as a respective policy or written agreements you may have: ……………………………….

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| ***Form prepared by the duly authorized person in the company:*** | | | |
| ……………….. | ……………….. | ……………….. | Click or tap to enter a date. |
| (Name, Surname) | (Position/Title) | (Signature) | (Date) |

**Please stamp this form**

1. **AFAC MODEL CLAUSE**
2. [Insert here the name of your company] acknowledges and agrees that, in accordance with WFP’s Anti-Fraud and Anti-Corruption Policy (WFP/EB.A/2021/5-B/1) (the “**Policy**”), WFP is highly risk averse towards Fraud, Corruption, Theft, Collusive, Coercive, and Obstructive Practices, Money Laundering and Financing of Terrorism (as such terms are defined below) in its activities and operations, and has zero tolerance for inaction.
3. The Company acknowledges that it and its officers, employees, contractors, subcontractors, agents, and affiliates have the duty to act honestly and with integrity in the provision of food, goods and services to WFP and its partners. [Insert Vendor Name] acknowledges that it has the duty to ensure that WFP resources are safeguarded and used for their intended purposes, as authorized by WFP.
4. In particular, and without limitation to paragraph 2, [Insert Vendor Name] represents and warrants to WFP that it has not, and it shall not, at any time:
5. perform any act or omit to perform any act, including any misrepresentation, in order to knowingly mislead, or attempt to mislead, WFP and/or any other party to obtain a financial or other advantage, or to avoid any obligation, to benefit itself and/or any other party (“Fraud”);
6. offer, give, receive, or solicit, or attempt to offer, give, receive, or solicit, directly or indirectly, anything of value to improperly influence the actions of WFP and/or any other party (“Corruption”);
7. take anything of value that belongs to WFP and/or another individual or entity without authorization (“Theft”);
8. enter into any arrangement with any other party or parties that are designed to achieve an improper purpose, including, but not limited to, improperly influencing the actions of WFP and/or any other party (“Collusive Practice”);
9. impair or harm, or threaten to impair or harm, directly or indirectly, WFP and/or any other party or the property of WFP and/or any other party to influence improperly the actions of a party (“Coercive Practice”);
10. deliberately destroy, falsify, alter or conceal evidence material to the investigation or making false statements to investigators in order to materially impede a duly authorized investigation into suspected cases of Fraud, Corruption, Theft, Collusive or Coercive Practices, Money Laundering or the Financing of Terrorism; and/or threaten, harass or intimidate WFP and/or any other party in order to prevent it from disclosing its knowledge of matters relevant to the investigation or from pursuing the investigation; or engage in any act intended to materially impede the exercise of WFP’s contractual rights of access to information (“Obstructive Practice”);
11. convert, transfer, acquire, possess, or use property with the knowledge (or where knowledge may be reasonably presumed) that such property is derived from criminal activity or from an act of participation in such activity, including, but not limited to, concealing or disguising the true nature, source, location, disposition, movement, or rights with respect to, or ownership of, such property or aiding, abetting or facilitating such acts (“Money Laundering”);
12. provide or collect resources, by any means, directly or indirectly, with the intention that they should be used or in the knowledge that they are to be used, in full or in part, to benefit individuals and entities subject to measures imposed by the United Nations Security Council and appearing on the United Nations Security Council Consolidated List (“Financing of Terrorism”, and together with Fraud, Corruption, Theft, Collusive Practice, Coercive Practice, Obstructive Practice and Money Laundering, “Prohibited Practices”).
13. The Company shall communicate the Policy to its officers, employees, contractors, subcontractors, agents, and affiliates and shall take all reasonable measures to ensure that such persons or entities do not engage in Prohibited Practices. The Company shall include equivalent anti-fraud and anti- corruption provisions in its agreements with any subcontractors and/or other agents which are in any way involved in the implementation of any project funded by WFP.
14. The Company will act on all reasonably suspected cases of any Prohibited Practice in line with the Policy. In particular, the Company shall promptly disclose to WFP (the WFP hotline is available for this purpose) any reasonably suspected Prohibited Practice or any attempt thereof. The Company shall fully cooperate, and shall take all reasonable steps to ensure that its officers, employees, contractors, subcontractors, agents and affiliates fully cooperate, with any investigation or review of reasonably suspected Prohibited Practices by WFP or its agents, including by allowing WFP or its agents to access and inspect its premises as well as any records, document and any other information, including financial, electronic and IT records, relevant to its contractual relationship with WFP, including allowing WFP to take copies of any such records, documents or information.
15. The Company expressly acknowledges and agrees that any breach of this clause by the Company or by any of its officers, employees, contractors, subcontractors, agents or affiliates constitutes a material breach of this Agreement, which entitles WFP to immediately terminate this Agreement without incurring any liability to the Company.
16. Furthermore the Company expressly acknowledges and agrees that, in the event that WFP were to determine through an investigation or otherwise that a Prohibited Practice occurred, WFP shall have, in addition to its right to immediately terminate the Agreement, the rights to: i) apply and enforce the relevant sanctions in accordance with WFP internal regulations, rules, procedures, practices, policies and guidelines, including, but not limited to, debarment or referral of the matter to relevant national authorities when appropriate; and ii) recover all losses, financial or otherwise, suffered by WFP in connection with such Prohibited Practices, including by withholding relevant amounts from any subsequent disbursements.

This standard AFAC Model Clause was issued in June 2021 and is based on the requirements in paragraphs 15 and 16 of the AFAC Policy WFP/EB.A/2021/5-B/1.

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| --- | --- | --- | --- |
| ***Form prepared by the duly authorized person in the company:*** | | | |
| ……………….. | ……………….. | ……………….. | Click or tap to enter a date. |
| (Name, Surname) | (Position/Title) | (Signature) | (Date) |

**Please stamp this form**