Section 1: Company details and General information

|  |  |
| --- | --- |
| Name & core business | |
| Name of company |  |
| Sector |  |
| Description of core products and services |  |

|  |  |
| --- | --- |
| Address details | |
| Office address |  |
| Post/zip code |  |
| City |  |
| Country |  |
| Telephone (incl. country code) |  |
| Fax (incl. country code) |  |
| Email |  |
| Web site address |  |

|  |  |
| --- | --- |
| Contact person (for communications regarding bids/proposals) | |
| Name |  |
| Position |  |
| Telephone (incl. country code) |  |
| Email |  |

|  |  |
| --- | --- |
| Parent company | |
| Full legal name of parent or holding company or group (if any) |  |

|  |
| --- |
| Subsidiaries and overseas representatives  (State if partially, fully owned or agent and attach a list if necessary) |
|  |

|  |  |
| --- | --- |
| Business details | |
| Type:  (e.g. Public limited company, Limited company, Sole trader, Partnership, Others (specify)) |  |
| Nature:  (e.g. Manufacturer, Licensed distributor, Retail agent, Consulting firm, Wholesaler, Other (specify)) |  |
| Year established |  |
| Registered (license) number & country of registration |  |
| TAX / VAT ID number |  |
| Number of permanent staff |  |
| Names and titles of the individuals who will sign contracts on behalf of the company.  Provide an explanation or documentation showing their legal authorization to sign contracts on behalf of your company (eg. registration with commercial registry or similar authorization) |  |

Section 2: Financial information

(Please attach a certified/audited copy of your latest Balance Sheet and Income Statement or your Annual report to Shareholders if available)

|  |  |
| --- | --- |
| Annual figures | |
| Annual turnover for the last 3 years  (year, currency, amount) |  |
| Pre-tax profit for the last 3 years  (year, currency, amount) |  |

|  |  |
| --- | --- |
| Insurance details | |
| Employers liability (expires, currency, limit) |  |
| Public/products liability (expires, currency, limit) |  |
| Professional indemnity (expires, currency, limit) |  |

|  |  |
| --- | --- |
| Banking details | |
| Company name |  |
| Account holder name (as written on bank statement) |  |
| Address of account holder (as written on bank statement) |  |
| ZIP/Post Code & City |  |
| Country |  |
| Currency of account |  |
| Bank account number (or IBAN if European and UK) |  |
| SWIFT (BIC) code (if account outside of Switzerland) |  |
| Bank name |  |
| Bank address |  |
| ZIP/Post Code & City |  |
| Country |  |
| Routing number (for USA) |  |
| Branch and institution number (for Canada) |  |
| Date |  |
| For USA and Canada: Please ask your bank to provide the **“Wire transfer instructions”** for international transfers and please attach it to this document. | |
| If any of this information is missing (especially the IBAN code and the SWIFT code) we cannot make payments | |
| Bank charges for transfers are fully paid by Medair unless your bank works with an intermediary bank for international transfers. | |

Section 3: Others

|  |  |
| --- | --- |
| General questions | |
| Have you previously supplied any Medair sites (please list) ? |  |
| Have you previously supplied any other NGO and if so, which ones ? |  |
| Has your organization been convicted in the last 3 years of breaching any national or international legislation ? |  |
| Acceptance of payment terms and other discounts:   * 30 days net * Prompt payment discount * Other discounts (specify) |  |

If you have 50 or more employees worldwide the following additional questions are mandatory:

|  |  |
| --- | --- |
| Environmental & Ethical policy | |
| Do you have a written health & safety policy |  |
| Do you hold quality assurance accreditation to ISO standard (e.g. ISO9000 or its equivalent International or national certification for quality assurance).  Please list any quality assurance certificates that have been issued to your company and provide a copy of your latest certificates. |  |
| Do you have a written environmental policy |  |
| Do you have a certified environmental management system (if yes, please specify) |  |
| Do you have an equal opportunity policy |  |
| Do you have a training & development policy |  |
| Do you carry out supplier assessment programmes |  |
| Do you subcontract/outsource production/support of goods or services (if yes, give details and company names/country) |  |

|  |  |
| --- | --- |
| References  (details of two sources we may contact to seek references in relation to services rendered by your business) | |
| Business name |  |
| Address |  |
| Contact name |  |
| Telephone number |  |
| Number of years providing goods/services to the business |  |
| Goods/services provided |  |
|  | |
| Business name |  |
| Address |  |
| Contact name |  |
| Telephone number |  |
| Number of years providing goods/services to the business |  |
| Goods/services provided |  |

|  |
| --- |
| Certification |
| I, the undersigned, warrant that the information provided in this form is correct, and in the event of changes details will be provided as soon as possible. I am aware that any false presentation or omittance of the information required in this form entitles Medair to terminate the relation immediately upon notification to the supplier without any cost to Medair.  By signing this forms I confirm that I or my company are not in any of the situation listed in Annex 1.  I, the undersigned also understand that Medair is expecting me and my company to follow ethical business practices and be socially accountable as set up in Medair’s Code of Ethics available in ANNEX 2 or <https://www.medair.org/wp-content/uploads/2022/01/Medair-Code-of-Ethics.pdf>  Name:  Position:  Date:  Signature: |

ANNEX 1

1. They are bankrupt or being wound up, are having their affairs administered by the courts, have entered into an arrangement with creditors, have suspended business activities, are the subject of proceedings concerning those matters, or are in a situation arising from a similar procedure provided for in national legislation or regulations.
2. They have been convicted of an offence concerning their professional conduct by a judgment that has the force of res judicata (= a matter already settled in court, cannot be raised again).
3. They have been guilty of grave professional misconduct proven by any means that Medair can justify.
4. They have not fulfilled obligations relating to the payment of social security contributions or the payment of taxes in accordance with the legal provisions of the country in which they are established, or with those of the country of the contracting authority or those of the country where the contract is to be performed.
5. They have been the subject of a judgment that has the force of res judicata for fraud, corruption, involvement in a criminal organisation or any other illegal activity.
6. They have been declared in serious breach of contract for failure to comply with their contractual obligations by another NGO.

ANNEX 2

<https://www.medair.org/wp-content/uploads/2022/01/Medair-Code-of-Ethics.pdf>