

Vendor Questionnaire

I. REQUIRED INFORMATION

|  |  |
| --- | --- |
| 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 references of current or previous customers (last three years), listing the customer, phone number, contact person, contact 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**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |     |

**IV. Registration of Business**

|  |  |  |
| --- | --- | --- |
| 1. Is your firm registered as a business entity with the government? | YES  | NO  |
| 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 NGOs or CSOs? | YES (Indicate contact name and organisation below:) |  NO  |
| 7. Are you related to any person currently employed with CIPESA? | YES  | NO  |
| 8. If YES, please provide name and position |  |
| 9. Provide here, any additional information regarding your business |  |
| **NOTE: Government regulations may require CIPESA 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 CIPESA 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 |

Note: CIPESA’s Standard Payment Terms are 30 days from receipt of goods, works, or services.