**SUPPLIER INFORMATION FORM (S.I.F)**

استمارة معلومات المورد

***The information provided will be used to evaluate the Company before contracting with the Mercy Corps.***

**سيتم استخدام المعلومات المقدمة لتقييم الشركة قبل التعاقد مع ميرسي كوربس**

#  Please complete all fields

**يرجى اكمال جميع الحقول**

**Supplier Information**

|  |  |
| --- | --- |
| Company name , Supplier Nameاسم الشركة أو اسم المجهز |   |
| Any other names company is operating under (Acronyms, Abbreviations, Aliases) أي اسم ثاني للشركة – اسم شركة ثانية تحت اسم الشركة الرئيسية, اسم مختصر للشركة, اسم مستعار للشركة |   |
| Previous names of the company اذا كان هناك اسم سابق للشركة يرجى اضافته |   |
| Address العنوان الكامل |     |
| Website الموقع الإلكتروني **ان وجد** |   |
| Phone/Fax Numbers رقم الهاتف, الفاكس (جهاز يرسل نسخة ورقية ممسوحة ضوئيًا باستخدام خط هاتف) أن وجد | Phone: Fax:  |
| Primary Contact اسم الشخص الرئيسي الذي يتم التواصل معه | Name: Phone Number: Email Address:  |
| # of Staff عدد الموظفين |   |
| # of Locations عدد المواقع ( في حال كان للشركة اكثر من موقع) |   |
| Avg. Value of Stock on Hand (USD) Save translation.متوسط. قيمة المخزون المتوفر (بالدولار الأمريكي) |   |
| Government - owned (yes/no) هل الشركة مملوكة للحكومة ( نعم \ لا) |   |
| Name(s) of Board of Directorsاسم (أسماء) أعضاء مجلس الادارة  |   |
| Name(s) of Company Owner(s) اسم ( أسماء) مالك (ملاك) الشركة |   |
| Parent companies, if any اسم الشركة الام اذا وجد |   |
| Subsidiary or affiliatecompanies, if any Please list any related company under same person or related to your company.اسم الشركة ذات الارتباط, او الشركة الثانية تحت نفس الادارةاو الشركات الاخرى ذات الصلةالرجاء التعريف عنها مع ذكراسماء الشركات الثانية ان وجدت |   |

**Financial Information المعلومات المالية**

|  |  |
| --- | --- |
| Bank Name and Address اسم المصرف و عنوانه |     |
| Name under which company is registered at bank اسم الحساب المصرفي |   |
| Payment Terms شروط او طريقة استحصال الاموال | Payment By: Check Yes | No Wire Transfer Yes | No يكون دفع المبالغ المستحقة للشركة بواسطة: شيك (صك) نعم | لا, حوالة مصرفية: نعم | لا |
| Specify Standard Payment Terms (Net15, 30, etc.) حدد شروط الدفع القياسية للمبالغ(الصافي 15, 30 , الخ..)  |   |

**Product/Service Information معلومات المنتجات و الخدمات التي ممكن الحصول من المجهز**

|  |  |
| --- | --- |
| List Range of Products/Services Offered قائمة المواد/ الخدمات المقدمة من قبل المجهز |        |
| Basis For Pricing (Catalog, List, etc.)الية التسعير ( قائمة المواد, او ما شابه ذلك)  |   |

**References المراجع في العمل ( اشخاص او شركات يثبتون عملك معهم)**

|  |  |
| --- | --- |
| Client Name 1: اسم الشركة او الجهة التي تم العمل معها | Contact Name, Phone, Email Address:  اسم الشخص الذي يمكن التواصل معه/معها, رقم الهاتف, البريد الإلكتروني  |
| Client Name 2: اسم الشركة او الجهة التي تم العمل معها | Contact Name, Phone, Email Address:  اسم الشخص الذي يمكن التواصل معه/معها, رقم الهاتف, البريد الإلكتروني |
| Client Name 3: اسم الشركة او الجهة التي تم العمل معها | Contact Name, Phone, Email Address:  اسم الشخص الذي يمكن التواصل معه/معها, رقم الهاتف, البريد الإلكتروني |

 **Supplier Self-Certification of Eligibility**

Company certifies that:

1. It, its affiliates and subsidiaries, owners, officers, directors and key employees (to the best of its knowledge) are not the subject of any government’s sanctions, designations, donor rules or prohibitions, or laws prohibiting transactions with it/them. It is not the subject of any donor government investigation into its misconduct with any other recipient of that donors funding.
2. It, its affiliates and subsidiaries, owners, officers, directors and key employees have not and do not engage in any form of terrorism or attacks on civilians and do not provide any form of material support or financial resources for individuals or organizations that do engage in any form of terrorism or deliberate attacks on civilians.
3. It, its affiliates and subsidiaries, owners, officers, directors and key employees have not and do not engage in weapons or drugs manufacture, transport, sale or distribution.
4. It is not in default on any material credit agreement, bankrupt or being wound up, are having its affairs administered by the courts, have entered into arrangements with creditors, have suspended business activities, are the subject of proceedings concerning those matters, or are in any analogous situation arising from a similar procedure provided for in national legislation or regulations.
5. It is has not been determined to be in breach of a material contract by any legal body anytime within the past 2 years.
6. It pays taxes as and when due and is not currently the subject of any investigation or proceeding related to back-owed taxes.
7. It provides workers compensation insurance to its workers in accordance with the laws of the countries where it operates.
8. It pays social security obligations as required in the countries where it operates.
9. It, its owners, officers and directors have not been convicted of an offense concerning its professional conduct and has not engaged in grave professional misconduct.
10. It, its affiliates and subsidiaries, owners, officers, directors and key employees have not been the subject of criminal investigation or judgement for fraud, corruption, human trafficking, spying, weapons transport or smuggling, sexual exploitation or abuse, internal sexual misconduct, abuse or exploitation of children, involvement in a criminal organization or any other criminal activity.
11. It treats its employees with dignity and respect and maintains social operating standards, including: working conditions and social rights; avoidance of child labor, bondage, forced labor, human trafficking or exploitation; assurance of safe and reasonable working conditions; freedom of association; freedom from harassment (including sexual harassment), exploitation, abuse, bullying and discrimination; protection of basic social rights of its employees and Mercy Corps beneficiaries.
12. To the best of its knowledge, no Mercy Corps employee, officer, consultant or other party related to Mercy Corps has a financial interest in the Company’s business activities, nor is any Mercy Corps employee related to any owner, officer, director or employee of the company, and, if so, it will ensure that the relationship is disclosed to Mercy Corps and will not used for improper influence. Discovery of an undisclosed Conflict of Interest will result in immediate revocation of the Company’s Authorized Supplier status and disqualification of Company from participation in future Mercy Corps procurement.
13. It understands that attempting to or agreeing to provide anything of value to any Mercy Corps employee, agent or representative for the purpose of encouraging that person to award Company a contract or take or not take any action related to any contract will result in immediate termination of any agreement. Company certifies that it does not engage in such conduct.
14. It understands that Mercy Corps seeks fair and open competition and the fairest price available and that any attempt by company to subvert fair and open competition, including working with other bidders to fix prices, working to exclude competition, seeking confidential information from Mercy Corps or other bidders, using multiple related or controlled companies to give the appearance of competition, or any similar activity, will result in termination of any agreement. Company certifies that it does not engage in such conduct.
15. It understands that Mercy Corps prohibits any of its partners or suppliers from bribing public officials and certifies that it does not do so.
16. It is not conducting business under other names or aliases that have not been declared to Mercy Corps.

If the Company cannot certify to any of the above it should explain why not. Mercy Corps may take the individual circumstances into account for some situations. However, any false certification could be grounds for immediate disqualification and termination of any future agreement.

By signing the Supplier Information Form you certify that your Company is eligible to supply goods and services to major donor funded organizations and that all of the above statements are accurate and factual.

|  |  |  |
| --- | --- | --- |
| **Supplier Name** | **------------------------------------** | **اسم المجهز\ مزود الخدمة\ الشركة** |
| **Name of Representative** | **------------------------------------** | **اسم ممثل المجهز او ممثل الشركة** |
| **Title** | **------------------------------------** | **المنصب** |
| **Signature and stamp** | **------------------------------------** | **التوقيع و الختم** |
| **Date** | **------------------------------------** | **التاريخ** |