



सुनीलो परिवार नेपाल

## Supplier Questionnaire

Depending upon whether you are applying as an company (entity) or as an individual, please fill up the appropriate questionnaire below:

### Supplier Questionnaire: Entities

Please complete the relevant sections below and ensure you sign Part C on page 4.

Part A: Legal and Business		
Name of your company/ organisation		
Company registration number		
Address of registered office and, if different, head office and payment address		
Company/ organisation's (i) phone number (ii) email address (iii) website (iv) name and contact details of contact person/ account holder		
Company/ organisation's bank details: (i) Bank name and branch (ii) Sort code/ branch number (iii) Swift/ IBAN number (iv) Bank account number (v) Bank account name (vi) VAT/ tax number (if relevant)		
Names of your company/ organisation's current directors		
Within the last three years, has administrative, civil or criminal litigation been filed against your company/ organisation? If yes, provide specific details	YES <input type="checkbox"/> Details:	NO <input type="checkbox"/>
Within the last three years, have any of your directors/ owners been convicted? If yes, provide specific details	YES <input type="checkbox"/> Details:	NO <input type="checkbox"/>
Has your company/ organisation or any of its employees, officers, directors or owners ever been formally accused of, or investigated or sanctioned for: (i) fraud, bribery or corruption? (ii) any treatment of individuals which could amount to slavery or human trafficking? (iii) money laundering?	YES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



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<p>(iv) funding, or otherwise being involved in, terrorism?  (v) child or vulnerable adult rights' violations?  (vi) sexual harassment or sexual misconduct?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>If yes, provide specific details</p>	<p>Details:</p>	
<p>To the best of your knowledge, does any employee, officer or director in your company/ organisation have any personal (including family or friend) connection with any employee, officer or director in our organisation? If yes, provide specific details</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>Details:</p>		
<p><b>Part B1: ONLY for completion by suppliers with an annual projected spend over £10,000</b></p>		
<p>If required, are you able to provide Audited Financial Statements for the past two years? If not, please explain why</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>Details:</p>		
<p>Please provide details of two references from recent customers (preferably Non-Government Organisations) who have purchased products like those you might be supplying to MSI. One contract should be current. If not, please detail why.  <b>If you cannot provide two references, please explain why.</b>  <i>*By providing this information the Supplier has consented to MSI contacting any of the customers listed below for a reference</i></p>		
<p><b>Reference 1:</b></p> <ul style="list-style-type: none"> <li>• Company/ organisation's name</li> <li>• Address of registered office</li> <li>• Email address</li> <li>• Dates contract(s) awarded/ date of business relationship</li> <li>• Description of services provided</li> </ul>	<p>Details:</p>	
<p><b>Reference 2:</b></p> <ul style="list-style-type: none"> <li>• Company/ organisation's name</li> <li>• Address of registered office</li> <li>• Email address</li> <li>• Dates contract(s) awarded/ date of business relationship</li> <li>• Description of services provided</li> </ul>	<p>Details:</p>	
<p><b>Part B2: ONLY for completion by Medical Suppliers</b></p>		
<p>Address of your manufacturing facility or storage warehouse if different to head office (if you have multiple sites, please provide the address of each site)</p>		



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<b>Please select the classification your company falls under</b>	<input type="checkbox"/> <b>Manufacturer</b> <input type="checkbox"/> <b>Wholesaler</b> <input type="checkbox"/> <b>Importer</b> <b>Other:</b>
<b>Is the company registered by the local National Drug Regulatory Authority (NDRA)? If so please supply copy of your manufacturing license</b>	
<b>Has the company been audited by the local NDRA? If yes, how regularly are you audited and when was the date of your last audit?</b>	
<b>Do you have any of the following: (tick all that apply) Please provide copies of all certificates</b>	<input type="checkbox"/> <b>GMP certification</b> <input type="checkbox"/> <b>GDP certification</b> <input type="checkbox"/> <b>ISO 9001:2008</b> <b>Other:</b>
<b>What types of medical products does the company supply? (tick all that apply)</b>	<input type="checkbox"/> <b>Medicines/ Pharmaceuticals</b> <input type="checkbox"/> <b>Medical Devices</b> <input type="checkbox"/> <b>Medical Consumables</b> <input type="checkbox"/> <b>Medical equipment</b> <input type="checkbox"/> <b>Laboratory equipment</b> <input type="checkbox"/> <b>Laboratory consumables</b> <b>Other:</b>
<b>Please confirm which countries the products of interest are registered in?</b>	
<b>What are the standard incoterms? What is lead-times for the products of interest based on the above incoterms?</b>	

#### Part C: Declaration

I, being fully authorised to represent the Supplier, hereby certify that all information provided in the completed Supplier Questionnaire is true, accurate, current and complete and understand that MSI reserves all rights, including but not limited to the ability to terminate any contract with Supplier and exclude Supplier from eligibility for a period between one to five years without any liability, if this is not the case.

I understand that the information provided may be used to run checks against an anti-terrorism, sanctions and serious crime database by the Marie Stopes International support office in the United Kingdom.



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I confirm that I have read the MSI's Code of Conduct for Business Partners (**which is attached**), and that my company/ organisation agrees to adhere to the Code of Conduct in providing the relevant goods/ services to MSI.

I understand that MSI has the right to terminate any contract due to breach of Code of Conduct.

Signature.....

Date.....

Print name.....

Job title.....

## Supplier Questionnaire: Individuals

Part A: Legal and Business		
<b>Business/ consultancy trading name (if applicable)</b>		
<b>Address of registered office (if applicable)</b>		
<b>First name(s)</b> <b>Middle name(s)</b> <b>Surname</b> <b>Alternative names (e.g. Maiden name)</b>		
<b>Gender</b>		
<b>Date of birth (DD/MM/YYYY)</b>		
<b>Country/ies of citizenship</b>		
<b>Country of residence</b>		
<b>Contact details:</b> (v) phone number (vi) email address (vii) website		
<b>Bank details:</b> (vii) Bank name and branch (viii) Sort code/ branch number (ix) Swift/ IBAN number (x) Bank account number (xi) Name of account holder (xii) VAT/ tax number (if relevant)		
<b>Within the last three years, has administrative, civil or criminal litigation been filed against you or your business? If yes, provide specific details</b>	<b>YES <input type="checkbox"/></b> <b>Details:</b>	<b>NO <input type="checkbox"/></b>
<b>Do you have any unspent convictions within the last three years? If yes, provide specific details</b>	<b>YES <input type="checkbox"/></b> <b>Details:</b>	<b>NO <input type="checkbox"/></b>



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<p><b>Have you or any of your business partners, colleagues or associates ever been formally accused of, or investigated or sanctioned for:</b></p> <p>(vii) fraud, bribery or corruption?  (viii) any treatment of individuals which could amount to slavery or human trafficking?  (ix) money laundering?  (x) funding, or otherwise being involved in, terrorism?  (xi) child or vulnerable adult rights' violations?  (xii) sexual harassment or sexual misconduct?</p> <p><b>If yes, provide specific details</b></p>	<p><b>YES</b></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><b>Details:</b></p>	<b>NO</b>
		<input type="checkbox"/> <input type="checkbox"/>

<p><b>Part B: Declaration</b></p> <p>I hereby certify that all information provided in the completed Supplier Questionnaire is true, accurate, current and complete and understand that MSI reserves all rights, including but not limited to the ability to terminate any contract with Supplier and exclude Supplier from eligibility for a period between one to five years without any liability, if this is not the case.</p> <p>I understand that the information provided may be used to run checks against an anti-terrorism, sanctions and serious crime database by the Marie Stopes International support office in the United Kingdom.</p> <p>I confirm that I have read the MSI's Code of Conduct for Business Partners (<b>which is attached</b>), and that I agree to adhere to the Code of Conduct in providing the relevant goods/services to MSI.</p> <p>I understand that MSI has the right to terminate any contract due to breach of Code of Conduct.</p>	
<p>Signature.....</p> <p>Print name.....</p>	<p>Date.....</p> <p>Job title.....</p>