The purpose of this Administrative Information Sheet (AIS) is to obtain sufficient information to enable Concern to evaluate the suitability of your company to meet our current requirements. This AIS is being provided on the same basis to all potential suppliers/contractors. You are invited to complete the attached AIS and submit it, together with any relevant supporting documents and information, along with your bid. The completed document may be provided either in hard copy or electronic format. All requests for clarification or further information with respect to this AIS should be addressed directly to Lebanon.tenders@concern.net

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 1 (GENERAL – COMPANY STRUCTURE)** | | | |
| 1 | Company Name | |  |
| 2 | Provide information on the Company Profile and current business activities.  Include organizational chart | |  |
| 3 | Indicate your core activities, services and or product by reflecting the percentage of your business it represents.  List all other products or services in the same manner:  (use extra pages if required). | |  |
| 4 | Company Address, including city and country | |  |
| 5 | Contact Details : Phone / email | |  |
| 6 | Name of Managing Director | |  |
| 7 | Main Contact Person – Name and contact details | |  |
| 8 | Second Contact Person – Name and contact details | |  |
| 9 | Company Structure :  Private/Public/Partnership/Subsidiary/  Sole Trader | |  |
| 10 | Company Registration Details :  Licence Number / Expiry Date | |  |
| 11 | Are you a member of a group/ partnership/JV arrangement: Provide name and address of group head office | |  |
| 12 | How many years has your company been in business under its present name? | |  |
| 13 | Have you ever provided products, services or works to an international company/ organisation before?  If yes, please specify the commodities/services/works supplied and date delivered | |  |
| 14 | Please provide your company’s website address:  (if applicable) | |  |
| **SECTION 2 (FINANCIAL)** | | | |
| 15 | What were your company’s total sales for the past three years? | 2021  2022  2023 | |
| 16 | What was your average sale size for 2023?  Specify currency | Average  Minimum  Maximum | |
| 17 | Has your company (either under current or previous name) ever been affiliated with any type of bankruptcy?  If yes, provide details |  | |
| **SECTION 3: PRODUCTION & SUPPLY MANAGEMENT** | | | |
| 18 | Average total number of employees |  | |
| 19 | What percentage of your work :  is self-performed  is subcontracted |  | |
| 20 | Name companies that you consider being your strong competitors (locally and/or globally) |  | |
| 21 | Submit 3 appropriate client references for contracts undertaken within the past 24 months which would be similar in nature to Concern requirements. Please obtain approval from the referees that they may be contacted |  | |
| **SECTION 4: QUALITY MANAGEMENT, PRODUCT SUPPORT** | | | |
| 22 | Total number of Q/A-Inspection Personnel |  | |
| 23 | Is there quality control for materials/services/works?  Yes  No |  | |
| 24 | Please explain these controls |  | |
| 25 | What facilities are used for inspection of Finished Goods/services/works |  | |
| 26 | Does your company hold an ISO certification or equivalent?  Yes  No |  | |
| 27 | If yes, please state date of certification |  | |
| 28 | What is the minimum warranty period for this commodity/service/works? |  | |
| 29 | Has your company ever been asked to take part in a Supplier Performance Management program  Yes  No |  | |
| 30 | Define in outline your documented quality system. If no documented system exists, define how conformance to customer requirements is assured |  | |
| **SECTION 5 : LITIGATION** | | | |
| 31 | Have you ever had a contract terminated for default within the past five years?  Yes  No  If Yes, when?  If Yes, please provide reason |  | |
| 32 | Are there any judgments, claims, arbitration proceedings, or suits currently pending or outstanding against your company?  Yes  No |  | |
| 33 | If Yes, explain |  | |
| 34 | Has your company filed any lawsuits, submitted claims, or been involved in any litigation with regard to your activities within the past five years?  Yes  No  If Yes, explain |  | |
| 35 | Please detail your Health and Safety code, training and precautions |  | |
| **SECTION 6: INSURANCES** | | | |
| 36 | Do you carry any insurances:  Yes  No.  If YES, what type |  | |
| 37 | Up to what value |  | |
| 38 | Please provide insurance cover details: (use extra pages if necessary) |  | |

## **Company Declaration**

I, the undersigned, confirm that the information contained in this PQQ response is correct at the time of completion.

Any changes relevant to this requirement will be notified to the concerned without undue delay.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Stamp:



For Official Use Only:

Verified By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Filed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_