**LOGISTICS SERVICE QUESTIONNAIRE**

*This questionnaire contains eight (8) sections. Section one (1) and eight (8) are* ***mandatory****.*

*Section two (2) to seven (7) should be completed based on the relevant service(s) being offered.*

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SECTION 1: COMPANY DETAILS (Mandatory, to be filled by all service providers/companies)

1. Name of the Company:
2. Physical address of Head Office:
3. Telephone Number of Head Office:
4. Company email address and website, if available:
5. Place and date of incorporation (attach legal documents):
6. Date of commencement of business activity:
7. Name and designation of principal executive of the company (attach organization structure):

1. Details of principal shareholders as of 31 DECEMBER \_\_\_\_\_\_\_\_\_\_:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Occupation\*** | **Nationality\*\*** | **% Of holdings** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |

*\* If the shareholder is a company, state the type of business.*

*\*\* If the shareholder is a company, state place of incorporation (please provide legal documentation verifying points 5, 6 and 9).*

1. State the principal activity of the company (e.g. trading, transportation, freight forwarding, shipping agency, etc.):
2. Contact person (and alternate if possible):

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Name: |  |
| Designation: |  | Designation: |  |

1. Number of full-time staff in Head Office: \_\_\_\_\_\_\_\_\_\_\_\_\_ Other offices: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Please list the details of the other offices:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Country** | **Name of Company** | **State if fully or partially owned or agent** | **Fax or email address** | **No. of full-time staff (if own office)** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

1. Name and address of company’s principal banks (please attach letter of support from the bank on financial status and credibility of the company):
2. What is the company’s total turnover in the last two years?

Year \_ \_ \_ \_: Year \_ \_ \_ \_:

Attach company’s financial statements and audited book of accounts for these years.

1. List at least five major clients in the last three years (attach reference letters in form of contracts, LPOs, etc.):

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Date** | **Client/Organization** | **Address** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

1. Does the company have any affiliated company(s) involved in the same or similar business? If so, please list:

|  |  |
| --- | --- |
| **Affiliate Company Name** | **Address** |
|  |  |
|  |  |
|  |  |
|  |  |

17. Is the company currently involved, or has been given notice of involvement, in any litigation involving a sum of more than USD 10,000.00?

Yes / No

# SECTION 2: MILLING SERVICES

1. List the details below of the company milling facilities:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Milling facility** | **Address** | **GPS coordinates** | **Capacity**(MT per hr) | **Fortification?** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. What internal control measures are in place to ensure quality of the milled products? Give brief description.
2. What National and International quality assurance policies does the company have in place? Please provide details and attach copies for verification.
3. How many technical staff does the company have? Provide the list and their technical competency.

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of Staff** | **Competence** | **Number of Staff** | **Competence** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

SECTION 3: DECLARATION*(Mandatory to be filled by all service providers/companies)*

Conflict of Interest:
The bidder shall disclose to WFP any situation that may give rise to a conflict of interest, present or future. A conflict of interest shall arise when, in WFP’s sole judgement:

1. The bidder could benefit or appear to benefit, directly or indirectly, at any stage in the bidding process, from a relationship or arrangement of whatever nature:
	1. With an official or non-staff personnel of WFP, or;
	2. With another party which provides or intends to provide to WFP goods and/or services that may be directly or indirectly related to the execution of the awarded contract, or;
2. In any situation involving circumstances that confer or could appear to confer an unfair competitive advantage to the bidder.

Do you have any potential conflicts of interest to declare?

[ ]  No [ ]  Yes

Does the company have any affiliated company(s) involved in the same or similar business?

[ ]  No [ ]  Yes

I hereby certify that the information provided above is true to the best of my knowledge and I agree that further documentary proof will be provided if required.

NAME IN FULL: SIGNATURE:

DESIGNATION: DATE: