

Request for Information



This form should be completed in FULL and returned together with the required document(s) to:

Population Services International – Cambodia (PSI/C)

No.160, Street 71, Sangkat Tonle Basac, Khan Chamkar Mon, Phnom Penh, Cambodia.
 Procurement Team
 Email: procurement@psi.org.kh / Office Phone: +(855-23) 210 814 / 987 404-06

Introduction

The purpose of this form is to assist PSI in the evaluation of suppliers/ contractors in providing goods, deliverables and/or services to PSI. All information (including personal data (if any)) provided in this form will be used for consideration of the “Application for Registration as Suppliers” and for future tender and quotation invitations.

Completion instructions

This form must be completed in the format given. Any additional information you may wish to provide should contain a clear cross reference to the parts such information relates.

All parts of this form must be completed. You may mark “NONE”, “NOT APPLICABLE” or “N/A” where appropriate. Unless otherwise instructed, answers must relate specifically to the Company named in the General Information Section below.

GENERAL INFORMATION			
Name of Company (in Khmer)			
Name of Company (in English)			
Registered Address			
Correspondence Address			
Homepage/Facebook page Address			
Years of operation		No. of years in the current business:	
Business Register, VAT Certificate No. and Valid till:	<input type="checkbox"/> MOC	BR No. _____	Valid date:
	<input type="checkbox"/> MOI	VAT No. _____	Valid date:
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	
	<input type="checkbox"/> Limited Company <input type="checkbox"/> Private Company <input type="checkbox"/> Sole Proprietorship/Partnership <input type="checkbox"/> Other: _____		
(Please provide a copy of Business Registration or Certificate of Incorporation)			
Type of Business (Services Supplied)			
MAIN CONTACTS			
	Name	Phone Number	Email address
Management			
Sales/Enquiry			
Account/Finance			
ORGANIZATION AND STAFF			
Company Structure			
Number of Administration staff			
Working day & hour			
Partnership/network			
Service’s ownership or sub-contract			
Does your company is applying cambodia labor law?			
Are you agree to participation of Green Guideline?			
FINANCIAL INFORMATION			
Management system (Issuing quote & invoice, payment system & reporting)			
Order Currency			
Payment Method	<input type="checkbox"/> Cash <input type="checkbox"/> Bank Transfer <input type="checkbox"/> Cheque Credit Period _____ For payment term, PSI/C will pay the bill within 30 days after receipt of goods and original invoice.		
Does company prepare the declaration tax to department?	<input type="checkbox"/> Yes - if yes – How often? _____ <input type="checkbox"/> No - if No – Will you accepted to PSI deduce the tax amount from your invoice? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Remark: _____		

Financial Audit		
BANK DETAILS		
Bank Name		
Branch		SWIFT Code
Beneficiary's Name		
Account No.		Currency
Address		
QUALITY		
Is your company ISO certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	(If yes, please provide a copy of the most recent certificate)	
If your company is not ISO certified, what other quality assurance program/process is in place in your company?		
	(Please briefly describe the program/process or attach any supporting documents)	
Quality Damage: in case the quality damage is found by the PSI/C's team, what is your company policy?		
Delivery Schedule: how to ensure that you will delivery and supply goods or service on time?		
The way of communication with customer and how the way to deal issue/problem solving		
KEY CUSTOMER INFORMATION (Please provide at least 3 customers in the past 12 months)		
Company Name	Product / Service Supplied	Contact Person/ H/P-Email
1.		
2.		
3.		
Authorization, Declaration of Conflict of Interest and Compliance with the Prevention of Bribery Ordinance (read conflict interest)		
<p>a) We / I * authorize PSI to approach any of the customer(s) in the Key Customer Information Section above for reference purposes.</p> <p>b) We / I * provide in the space below: (a) the names of the employees of PSI and / or * the names of their family members who are related to us / me *, or to our / my * employees and / or * their family members; and (b) the nature of their relationship. (State none if inapplicable).</p>		
We/I* certify that all information provided in this form is true and correct and best reflects the current business situation of our/my* Company.		
Name: _____	Authorized Signature	
Title: _____	with Company Stamp: _____	
	Date: _____	