



## OX Humanitarian Relief

### Vendor Screening and Prequalification Form

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#### Section 1: General Information

1. **Company Name:** \_\_\_\_\_
2. **Business Address:** \_\_\_\_\_
  - o **City:** \_\_\_\_\_
  - o **Email:** \_\_\_\_\_

#### Section 2: Company Representation

		<b>Name</b>	<b>Phone</b>	<b>E-mail</b>
1	Key Contact Person for this project			
2	Company Owner			
3	Executive Manager (Representative in Sudan)			
4	Tender Officer			
5	Key Contact Person for this project			

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#### Section 3: Business Operations

1. **Nature of Business:**
  - o Manufacturer / Distributor / Wholesaler / Service Provider / Other (please specify):
2. **Number of Employees:** \_\_\_\_\_
3. **List major clients you have worked with NGOs, INGOs in the past five years:**

#	<b>Client Name</b>	<b>Project Description</b>	<b>Project Value</b>	<b>Completion Date</b>
1				
2				
3				
4				
5				
6				

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## Section 4: References

Please provide at least three references from previous clients:

#	Client Name	Contact Person	Email	Phone
1				
2				
3				
4				
5				

## Section 5: Legal and Financial Information

1. Are there any current or pending legal disputes involving your organization?

- Yes / No
- If yes, please provide details: \_\_\_\_\_

## Section 6: Certifications and Standards

- **Business Registration Certificate:** (Please attach a copy)
- **Tax Identification Number (TIN):** (Please attach a copy)
- **Tax Compliance Certificate:** (Please attach a copy)
- **Bank Account Certificate: (Please attach a copy)**
- **Financial Stability:** Please attach audited financial audited report for the last three years.
- **Quality Assurance Certification** (e.g., ISO, GMP):
- **WHO Pre-qualification or Stringent Regulatory Authority (SRA) Certification.**
- **National Regulatory Authority Certification/Registration.**
- **Ministry of Health and Pharmacy and Toxicology Board:**  
Good Manufacturing Practice (GMP) Certification.  
Certificate of Analysis (CoA).  
Any additional regulatory approvals required by the Ministry of Health in Sudan

## Section 7: Ethical Practices and Compliance

1. Does your organization comply with anti-corruption and anti-bribery laws?
  - Yes / No
2. Does your organization have a Code of Conduct or Ethics Policy?
  - Yes / No
  - If yes, please attach a copy.



- 3. **Have you or your organization been involved in any unethical or fraudulent practices?**
    - o Yes / No
    - o If yes, please provide details: \_\_\_\_\_
  - 4. **Does your organization have policies or practices to prevent discrimination?**
    - o Yes / No
  - 5. **Do you have policies promoting gender equality in the workplace?**
    - o Yes / No
    - o If yes, please describe: \_\_\_\_\_
  - 6. **Does your organization use forced or child labor?**
    - o No (Required)
    - o Please confirm compliance: \_\_\_\_\_
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### Section 8: Declaration

I hereby certify that the information provided in this Supplier Screening Form is accurate and complete to the best of my knowledge. I understand that providing false or misleading information may result in disqualification from consideration for current or future opportunities with OX Humanitarian Relief.

**Name of Authorized Representative:** \_\_\_\_\_

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

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

**Date:** \_\_\_\_\_

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### For OX Committee Official Use Only

Reviewed By	Position	Date	Remarks

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