**SUPPLIERNAIRE A**

This **Bethany Women and Family hospital** supplier questionnaire is to be completed by all suppliers wishing to supply medical goods and/ or equipment including drugs.

**Note:** Bethany Women and Family hospital will not work with, or provide resources or support to, individuals and organizations associated with fraud and corruption. Bethany may carry out exclusive compliance and quality checks on individuals and organizations/ vendors/companies that we intend to contract to provide us with goods/drugs, equipment and services. By submitting this Supplier Questionnaire, you are consenting to BWFH performing the necessary checks

|  |  |
| --- | --- |
| **Part A: Legal & Business** | |
| **Name of your organization** |  |
| **Name of contact person/account holder** |  |
| **Full address of your head office** |  |
| **Payment address**  **(if different from above)** |  |
| **Details of any additional branches, agencies or places of business** |  |
| **Phone number** |  |
| **Email address** |  |
| **Website** |  |
| **Fax** |  |
| **Company Registration Number**  ➔ **Please supply copy of business license** |  |
| **Vat/ Tax No (if relevant)** |  |
| **Bank Name & Branch (for payments)** |  |
| **Account number** |  |
| **Account name** |  |
| **If asked, are you able to provide Audited Financial Statements for the past three years?** |  |
| **Standard payment terms** |  |
| **Year company was established** |  |
| **Has your company ever been known by any other names? If**  **so, please list** |  |
| **Current annual turnover of the company (state currency)** |  |
| **Number of staff currently employed in the company** |  |
| **Names of your organization’s current Directors** |  |
| **Are you aware of any impending legislative or regulatory changes which may affect your business?** |  |
| **Within the last three years, has administrative, civil or criminal litigation been filed against you? If yes, provide specific details** |  |
| **Has your organization ever been accused of or investigated for quality issues or fraud? If yes, provide specific details** |  |
| **Has any individual in your organization ever been accused of or investigated for fraud or bribery? If yes, provide specific details** |  |
| ***References:***  Please provide two references from customers who have purchased the products you might be supplying to Bethany in the past 3 years.( *By providing this information the Supplier has consented to Bethany contacting any of the customers listed below for a reference* ) | |
| **Reference 1 Name:** |  |
| **Reference 1 Address** |  |
| **Reference 1 Email:** |  |
| **Reference 2 Name:** |  |
| **Reference 2 Address** |  |
| **Reference 2 Email:** |  |

|  |  |  |
| --- | --- | --- |
| **Part B: Technical – Medical** | | |
| Full address of your manufacturing facility or storage warehouse (if you have multiple sites, please provide the address of each site) |  |  |
| How many pharmacists or medical doctors are currently employed by the company? |  |  |
| How is the company defined? (check all appropriate) | Manufacturer Wholesaler  Other: …………………………… | Importer |
| Is the company registered by the National Drug Regulatory Authority (NDRA)?  ➔ **Please supply copy of license** |  |  |
| Has the company been audited by the NDRA? If yes:  At what frequency are you audited? |  | |
| When was the last audit? |  | |
| Do you have either:  *(check all appropriate)*  ➔ **Please provide copy of all certificates** | GMP certification GDP certification ISO 9001:2008  Other: …………………………… | |
| What types of medical products does the company work with?  *(check all appropriate)* | Medicines Medical Consumables  Medical equipment Laboratory equipment  Laboratory consumables  Other: ……………………. | |
| Which manufacturers do you sell the products of?  ➔ **Provide a full list of manufacturers with their country of origin** |  | |
| On what basis do you select suppliers for your company? |  | |
| Does your company have exclusivity for some suppliers? If yes, provide details |  | |
| Does your company carry out product registration in the country? |  | |

|  |  |  |
| --- | --- | --- |
| Are all your products registered in the country? |  |  |
| Can your company import / supply non-registered products? |  |  |
| Is there a product list available?  ➔ **Provide a list of products with name of manufacturers** |  |  |
| Who are your main clients? For example, CMS, MoH, hospitals, NGO, pharmacies? | Government stores  Private hospitals | Government facilities  NGOs Pharmacies |
| What level of stock does the company aim to keep? (Please give figures in months of average consumption). |  | |
| How long does it take to deliver products if they are currently in stock? |  | |
| How long does it take to procure products if they are not in stock and to be imported/procured? |  | |
| Does the company have branches in the country (for distribution)? If ‘Yes’, how many do they have and where?  Do the branches provide a delivery service? |  | |
| Is there a minimum amount of goods that must be purchased? |  | |
| What is the minimum remaining shelf life of products that can be assured to clients? |  | |
| Does the company have written standard procedures for:   * Stock management * Complaints * Product recall? |  | |
| Have you carried out any product recalls in the last 5 years? If yes, please provide details |  | |

*Please ensure you attach copies of the following documents where applicable:*

Business License

National Drug Regulatory Authority License

Quality certificates for your company

List of manufacturers and their countries of origin

List of products and their manufacturer names

|  |  |
| --- | --- |
| **Part C: Declaration** | |
| I, being fully authorized to represent the Supplier, hereby certify that all information provided in the completed Questionnaire is true, accurate, current and complete. I understand that the Questionnaire will be used to determine the Supplier’s eligibility for inclusion in Bethany Women and family hospital approved supplier list.    On behalf of the said Supplier, and as an implied condition of all future supply contract(s) that Bethany may enter into with the Supplier during the period of resulting selection, I acknowledge and agree that, if any information herein is found to be materially untrue, inaccurate, outdated or incomplete, Bethany may, at its option, void such contract(s) without liability and exclude the Supplier from eligibility for a period of between one to five years, as determined appropriate (in addition, and without prejudice to other remedies available at law)  I agree to adhere the Bethany Women and family hospital Code of Conduct for Suppliers herein stated below; | |
| Name ….……………………………………….      Signature ….……………………………………. | Date…………………….......………..      Title…………………………………….. |

**Code of Conduct for Suppliers**

Goods and services are produced and delivered under conditions where:

* employment is freely chosen
* the rights of staff to freedom of association and collective bargaining are respected
* living wages are paid
* there is no exploitation of children
* working conditions are safe and hygienic
* working hours are not excessive
* no discrimination is practiced
* regular employment is provided
* no harsh or inhumane treatment of staff is allowed

**Environmental Standards:**

Suppliers should as a minimum comply with all statutory and other legal requirements relating to environmental impacts of their business. Areas to be considered are:

* waste management
* packaging and paper
* conservation
* energy use
* sustainability