**SUPPLIERNAIRE B**

This Bethany Women and Family Hospital supplier questionnaire is to be completed by all suppliers wishing to supply goods or services to the Hospital.

**Fraud and Bribery:** Bethany takes a zero tolerance approach to fraud and bribery and we will not work with Suppliers who themselves, or through contractors, subcontractors or other agents, engage in fraud or bribery or other illegal activity.

 **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

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| **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 fraud or bribery? 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:**  |   |

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| **Part B: 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 BWFH 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 highlighted 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