

Supplier Questionnaire - Entities

Please complete the relevant sections below and ensure you sign Part C.

Part A: Legal and Business	
Name of your company/ organisation	
Has your company ever been known by any other names? If so, please list	
Company registration number	
Address of registered office and, if different, head office and payment address	
Company/ organisation's	
i) phone number	
ii) email address	
iii) website	
iv) name and contact details of contact person/ account holder	
Company/ organisation's bank details:	
i) Bank name and branch	
ii) Sort code/ branch number	
iii) Swift/ IBAN number	
iv) Bank account number	
v) Bank account name	
vi) VAT/ tax number (if relevant)	
Company Director's Information	
Full Names of Director	
Gender	
Date of birth (DD/MM/YYYY)	
Identification document type	
Identification Number	
Country/ies of citizenship & Nationality	
Country of residence	
Contact details:	
(i) phone number	

(ii) email address	
(iii) website	
Full Names of Director	
Gender	
Date of birth (DD/MM/YYYY)	
Identification document type	
Identification Number	
Country/ies of citizenship & Nationality	
Country of residence	
Contact details:	
(i) phone number	
(ii) email address	
(iii) website	
Full Names of Director	
Gender	
Date of birth (DD/MM/YYYY)	
Identification document type	
Identification Number	
Country/ies of citizenship & Nationality	
Country of residence	
Contact details:	
(i) phone number	
(ii) email address	

(iii) website	
Within the last three years, has administrative, civil or criminal litigation been filed against your company/ organisation? If yes, provide specific details	<i>Select a response</i>
	Details:
Within the last three years, have any of your directors/ owners been convicted? If yes, provide specific details	<i>Select a response</i>
	Details:
Has your company/ organisation or any of its employees, officers, directors or owners ever been formally accused of, or investigated or sanctioned for:	
i) fraud, bribery or corruption?	<i>Select a response</i>
ii) any treatment of individuals which could amount to slavery or human trafficking?	<i>Select a response</i>
iii) money laundering?	<i>Select a response</i>
iv) funding, or otherwise being involved in, terrorism?	<i>Select a response</i>
v) child or vulnerable adult rights' violations?	<i>Select a response</i>

vi) sexual harassment or sexual misconduct?	Select a response
If yes, provide specific details	Details:
To the best of your knowledge, does any employee, officer or director in your company/ organisation have any personal (including family or friend) connection with any employee, officer or director in our organisation? If yes, provide specific details	Select a response Details:
Is your company/organisation required to report under the UK or Australia Modern Slavery Acts? If yes, provide a copy of the most recent Modern Slavery Statement and confirm:	Select a response
i) Has the statement been published in the last year?	Select a response
ii) Is it signed at Board/Director level?	Select a response
Does your company/organisation have a Code of Conduct / Organisational Policy which prohibits modern slavery / forced labour? If yes, provide a copy	Select a response
Does your company/organisation carry out modern slavery risk-mapping of its facilities and suppliers? If yes, provide specific details of how this occurs	Select a response Details:
Does your company/organisation provide workers with a mechanism to report work-related concerns?	Select a response
i) If yes, is this available in the workers' native language?	Select a response
ii) If yes, provide details of how grievances are managed	Details:
Has your company ever had a bank account application refused/suspended? If yes, provide specific details	Select a response Details:

Part B1: ONLY for completion by suppliers with an annual projected spend over £10,000

Are you able to provide Audited Financial Statements for the past two years? If yes provide a copy. If not, please explain why	Select a response Details:
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Please provide details of two references from recent customers (if possible Non-Government Organisations (NGO's)) who have purchased products like those you might be supplying to MSI. One contract should be current.
If you cannot provide two references, or one is not current, please explain why. **By providing this information the Supplier has consented to MSI contacting any of the customers listed below for a reference*

Reference 1: i) Company/organisation's name ii) Address of registered office iii) Email address iv) Dates contract(s) awarded/ date of business relationship v) Description of services provided	Details:
Reference 2: i) Company/organisation's name ii) Address fo registered office iii) Email address iv) Dates contract(s) awarded/ date of business relationship v) Description of services provided	Details:

Part B2: ONLY for completion by Medical Suppliers

<p>Address of your manufacturing facility or storage warehouse if different to head office (if you have multiple sites, please provide the address of each site)</p>	
<p>Please select the classification your company falls under</p>	<p><i>Select a response</i> Other:</p>
<p>Is the company registered by the local National Drug Regulatory Authority (NDRA)? If so please supply copy of your manufacturing license</p>	
<p>Has the company been audited by the local NDRA? If yes, how regularly are you audited and when was the date of your last audit?</p>	
<p>Do you have any of the following: (tick all that apply) Please provide copy of all certificates</p>	<p><input type="checkbox"/> GMP certification <input type="checkbox"/> GDP certification <input type="checkbox"/> ISO 9001:2008 Other:</p>
<p>What types of medical products does the company supply? (tick all that apply)</p>	<p><input type="checkbox"/> Medicine/ Pharmaceuticals <input type="checkbox"/> Medical Devices <input type="checkbox"/> Medical Consumables <input type="checkbox"/> Medical equipment <input type="checkbox"/> Laboratory equipment <input type="checkbox"/> Laboratory consumables Other:</p>
<p>Please confirm which countries the products of interest are registered in?</p>	
<p>What is the standard incoterms? What is lead-times for the products of interest based on the above incoterms?</p>	

Part C: Declaration

I, being fully authorised to represent the Supplier, hereby certify that all information provided in the completed Supplier Questionnaire is true, accurate, current and complete.

I confirm that I have read MSI's Code of Conduct for Business Partners (**which is attached or which I have requested if not attached**), and that my company/ organisation agrees to adhere to the Code of Conduct in providing the relevant goods/services to MSI.

In the event that any information is found to be inaccurate or any breach of the Code of Conduct, I understand that MSI reserves all rights, including but not limited to the ability to terminate any contract with Supplier and exclude Supplier from eligibility for further contracts.

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I understand that the information provided may be used to run checks against an anti-terrorism, sanctions and serious crime database by the MSI Reproductive Choices support office in the United Kingdom.

I confirm my company/organisation agrees to comply with MSI's commitments to prevent modern slavery and human trafficking as outlined within the Code of Conduct and within MSI's Anti-Modern Slavery Policy throughout this tender process and during the terms of any contract awarded. (MSI's Anti-Modern Slavery Policy can be found here: <https://www.msichoices.org/media/4368/20210210-modern-slavery-policy-v2-external.pdf>)

Signature:	Date:
Print name:	Job title:

For internal MSI use only

Part D1: LSO use only	
Procurement lead/ supplier requestor to complete	
Reason for creation of new supplier	
Select the relevant catalogue Item	
Select the additional catalogue Item (if required)	
Requested by (print name):	Title:
Signature:	Date:
Approved by (line manager's name):	Title:
Signature:	Date:
Part D2: Adverse Results	
Compliance Officer to complete if there are any adverse results	
Details of adverse results in Supplier Questionnaire	
Details of adverse results from online database vetting check	
Country Director or Finance Director to complete if there are any adverse results	
Decision to Proceed or Continue in the event of	<i>Select a response</i>

adverse results	Reasoning:
Signature:	Date:
Print name:	Title: