

Supplier/Service providers Pre-Assessment Survey

Section 1 - COMPANY INFORMATION

Company Name: _____
 Purchase Order Address: _____
 City: _____ Zip Code: _____
 Phone: _____ Fax: _____ e-mail address: _____
 Web Address: _____
 Type of Business: _____ Major Product(s): _____

Which ICCO facility will you conduct business with?

Section 2 – MANAGEMENT

Contact Person Details:

Name: _____	Title: _____	Phone _____
Name: _____	# _____	Title: _____
Name: _____	_____	Phone _____
Name: _____	# _____	Title: _____
	_____	Phone _____
	# _____	
	Title: _____	Phone _____
	# _____	

24/7- contact information (to be used in emergency):

Name: _____ Phone #: _____

Section 3 – FINANCIAL

Public Company? Yes _____ No _____

Private Company? Yes _____ No _____ Owner(s) (if private): _____

Trade License Held? Yes _____ No _____ Owner(s) (if private): _____

Years in business: _____

Present location: _____

Tax ID ----- VAT ID----- (Please provide copy of TIN & VIN)

 Transaction Bank Name----- Branch
 Name-----

Section 4 – FACILITIES / PERSONNEL

Do you have product liability insurance? Yes No If yes, list carrier and policy number below.

Carrier: _____ Policy Number: _____

Does your organization use child labor? Yes No.

Section 5 – CERTIFICATIONS

Do your company Certified by any authorities? Yes..... No..... Level_____ Expiration Date:

_____ Other quality certifications? Yes No (If yes, list)

_____ (Please provide copy of Certifications)

Section 6 – List of organization enlisted as a suppliers/service provider:

Organization Name	Address	Enlisted date

Section 7 – SUPPLY/SERVICE CORE COMPETENCIES

Marked next to each area of supply/service that company currently provides: Please Specify

General Supplies	Air Ticketing/Travel/ Hotel/ Rent A Car	Documentary/Film Making/Photography	Agriculture	
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Automobile	Event Management	Office Equipment supply	Furniture/Fixture	
Maintenance Service	Printing/Packaging	Construction Materials	Stationery	
Electric Equipment	Consultancy	IT Sector	Insurance Company	
Engineering Services	Survey	Procurement Provider	Other:	

Section 8 – QUALITY SYSTEM

Does your company have a corporate quality policy? Yes ____, No ____ if Yes, Please explain

Does your company maintain documented quality control procedures? Yes ____ No ____ Please explain.

Does your company have procedures in place to control nonconforming product? Yes ____ No ____

What is the process for corrective action on goods that are rejected by the customer? _____

Does your company have a system in place for handling/resolving customer complaints? Yes ____ No ____

Please explain. _____

Does your company have any restriction if ICCO's staff want to assess your organization/ product/service? Yes ____ No ____

Additional Comments (optional):

Section 9 – Supplier Certification and Acknowledgement

Supplier:

By signing below I certify that the information provided to ICCO Cooperation on the Supplier Pre-Assessment is true and correct. In addition, it is understood any significant changes to the information provided requires notification to the ICCO Cooperation.

Supplier has reviewed and agrees to ICCO's Yes ____ No ____

Terms and Conditions

Signature

Title

Date _____

Section 10 – ICCO MANAGEMENT REVIEW AND EVALUATION Each section of the Supplier Assessment survey has been reviewed with the following results.

Evaluation Criteria/Satisfactory Level	High	Medium	Low
Company Information (Address & Product information)			
Management (Information of Management)			
Certification (VAT, TAX, Trade licenses, Quality Control Certificate),			
List of Organization (Which Organization take /received the facilities/product)			
Supply/Service Core Competencies (Area of expertise)			
Quality System (Quality Control Procedure)			

Recommendation for approval:

Approved		Approved Conditional		Disapproved, no further action		Disapproved, further action required	
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Supplier Classification:

Major		Minor		Non-Critical	
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Describe further action needed for approval:

Authorized By

Martin Mondol
Head of HR & Admin
ICCO Cooperation
Bangladesh