**Basic Due Diligence Form**

Please complete the following form to the best of your ability. If you have any questions, please contact [**asarker@snv.org**](mailto:asarker@snv.org) at SNV.

Please provide copies of all attachments and documents that are requested in the form. If you are not able to provide relevant documentation, please provide a justification in the relevant section below.

## Part A – General information

|  |  |
| --- | --- |
| Name of partner/vendor/consultant |  |
| Trading name (if different from above) |  |
| Postal address |  |
| Physical location of business premises | Town: |
| Street: |
| Plot No. |
| Building name: |
| Floor: |
| Primary contact person | Name: |
| Mobile number: |
| Email: |
| Nature of organisation (e.g. sole proprietorship, non-governmental organisation, public limited company, partnership, etc) |  |
| Name(s) of the proprietor, directors or partners and their nationality | |
| Name, nationality and position held |  |
| Name, nationality and position held |  |
| Name, nationality and position held |  |
| Name, nationality and position held |  |
| Partner/vendor/consultant operations | Year established/registered: |
| Duration of operation: |
| Objectives, mandate, mission: |
| Outside of your registered physical premises listed above, list the address of any and all offices from which you operate to provide services |  |
| Vendor/consultant registration no. and country of registration (attach copy) | Country of registration:  Number: |
| VAT registration no. (attach copy) | Number: |
| Tax identification number registration (attach copy) | Number: |
| Trade licence/business permit (attach copy) | Number: |

## Bank Information

|  |  |
| --- | --- |
| Account name: |  |
| Account number: |  |
| Bank: |  |
| Branch: |  |
| Swift code: |  |
| Routing No. |  |

## Part B – Eligibility

|  |  |  |
| --- | --- | --- |
| Do any of the following apply to your firm/company/organisation, or to (any of) the director(s)/partner(s)/proprietor(s) | | |
| Have you or your principals been the subject of legal proceedings for insolvency, bankruptcy, receivership or your business activities suspended for related reasons? | *Yes / No* | *If yes, give details* |
| Have you been convicted of a criminal offence related to business or professional conduct? | *Yes / No* | *If yes, give details* |
| Have you had any contracts terminated for poor performance in the last five years, or any contracts where damages have been claimed by the client? | *Yes / No* | *If yes, give details* |

## Part C – Conflict of interest

Please provide answers to the following statements:

|  |  |
| --- | --- |
| To the best of your knowledge, have you or any employee or staff member of your organisation or firm, ever been employed by SNV? | *Yes or No* |
| If yes, provide the name of the person in your organisation, and a description of the employment period, including job title, the duration of the employment period, the country of employment. | *Give details* |
| Is any employee or staff member of your firm, company or organisation related (by blood, marriage or otherwise) to any employee of SNV in Bangladesh? | *Yes or No* |
| If yes, please provide the name of your staff and the name of the SNV staff member they are related to. State the nature of the relationship. | *Give details* |
| Are there any other potential conflicts of interest between you/your firm, company or organisation and SNV or any of its partners, staff, offices, contracted consultants or vendors? | *Yes or No* |
| If yes, please provide further information here. | *Give details* |

## Part D - Sworn statement

Having provided the information, we hereby state:

That the information furnished in this form is accurate and true to the best of our knowledge.

We enclose all the documents and information required for this due diligence check.

Date: ………………………………………………………………………………………………

Represented by: ………………………………………………………………………………

Signature: …………………………………………………………………………………………

Stamp / Seal ……………………………………………………………………………………