

SUPPLIER APPRAISAL QUESTIONNAIRE

Section 1

1.1 OFFICE OF THE HIGH REPRESENTATIVE

OHR Sarajevo

Emerika Bluma 1

71000 Sarajevo

1.2 Tel : +387 33 283 756

1.3 Fax : +387 33 283 501

1.4 E-Mail : zoran.pecanac@ohr.int

1.5 Contact : Zoran Pecanac, Head of Logistics

1.6 Please complete this form and return to the above address by **dd/mm/yy**

Section 2

Address and Contact Details of Your Business

2.1 Company Name _____ 2.2 Address for Enquiries/ Sales _____

2.3 Head Office Address _____

2.4 Tel _____ 2.7 Tel _____
2.5 Fax _____ 2.8 Fax _____
2.6 E-Mail _____ 2.9 E-Mail _____

2.10 Contact Names _____

Section 3

Description of Your Business

3.1 Briefly describe your business

Section 4

Your Business's Structure and Organisation

4.1 Please provide full names of up to 2 current directors, e.g., Managing Director, Sales and Marketing Director, Finance Director, etc.

4.2 Director 1. Job Title _____ Name _____

4.3 Director 2. Job Title _____ Name _____

4.4 Do you own the premises from which you operate **YES / NO**

4.5 Approximately how many employees are there in your business ? _____

4.6 In what year was your business founded ? _____

Section 5**Your Products/Stock/Suppliers/Customers**

5,1 What are your main product lines ?. Roughly what stock levels do you carry of each line ?.

Main Lines	Stocks	E
1.	1.	
2.	2.	
3.	3.	
4.	4.	
5.	5.	
6.	6.	
7.	7.	
8.	8.	
9.	9.	
10.	10.	

5,2 Which main manufacturers do you carry ? and who are your main suppliers ?

5,3 Who do you see as being your 4 main competitors ?

5,4 Please give details of your tree biggest contracts in the last financial year

	1	2	3
5,5 Name	<hr/>	<hr/>	<hr/>
5,6 Address	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>
5,7 Value of contract	<hr/>	<hr/>	<hr/>
5,8 Tel	<hr/>	<hr/>	<hr/>
5,9 Fax	<hr/>	<hr/>	<hr/>
5,1 E-Mail	<hr/>	<hr/>	<hr/>

5,1 Please give details of 2 referees

	1	2
5,11 Name	<hr/>	<hr/>
5,12 Address	<hr/>	<hr/>
	<hr/>	<hr/>
	<hr/>	<hr/>
	<hr/>	<hr/>
5,13 Tel	<hr/>	<hr/>
5,14 Fax	<hr/>	<hr/>
5,15 E-Mail	<hr/>	<hr/>

5,16 What customer/marketing research does your organisation undertake ?

Section 6**Quality and Delivery**

6.1 Has your organisation been accredited to ISO 9000 or any other relevant standard ?

6.2 Generally, what delivery period do you offer for delivery following receipt of order ?

Section 7**Administration of Orders**

7.1 Are you interested in supplying OHR ? **YES / NO**

7.2 Are you willing to provide invoices with zero rated VAT (proof will be provided) **YES / NO**

7.3. Do you ask for advance payments ? **YES / NO**
If yes, are you prepared to accept payments from the OHR once the goods/services have been delivered? **YES / NO**

7.4 Are you prepared to offer guaranteed discounts to the OHR **YES / NO**

7.5 What is the longest period over which you are prepared to offer fixed and firm prices (please tick) **6 months**
12 months
2 years
other (specify)

7.6 Are you prepared to receive a visit from OHR staff at 2 working days notice **YES / NO**

Please supply a full catalogue and any other relevant documents

Signed : _____

Date : _____