

**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	
1.	1.	E
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 ?

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5.3 Who do you see as being your 4 main competitors ?

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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/>
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/>
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 ?

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**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 : \_\_\_\_\_