

Vendor Questionnaire

Date: _____

Vendor Name: _____

1. Company Information

Registered Company Name _____

Business Address _____

Contact Person _____

Phone Number _____

Email Address _____

Website (if any) _____

2. Business Details

Type of Business _____

Years in Operation _____

Number of Employees _____

Tax Identification Number _____

Legal Structure _____

Sole Proprietorship

Partnership

Corporation

Other: _____

3. Products/Services Provided

Brief Description:

4. References

List two business references:

Company Name | Contact Person | Phone/Email

5. Certifications & Compliance

Certifications (ISO, etc.) _____

Compliance Statements

Code of Conduct

Data Privacy

Environmental Policy

Other: _____

6. Additional Information

Please provide any other relevant information:

7. Declaration

I hereby confirm that the information provided above is accurate and complete to the best of my knowledge.

Name: _____

Position: _____

Signature: _____ Date: _____

Important Notes:

- This questionnaire supports supplier evaluation and compliance checks before onboarding.
- All information documented should be valid and verifiable.
- Attach necessary supporting documents (certificates, compliance policies, etc.).
- Misrepresentation may lead to disqualification or blacklisting.
- Keep a copy of this form for your records.