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| Form: | **G-PR-FM-04543 Vendor Finance Questionnaire Form** | | | | | Zinfra Stack_300 |
| Document ID: | **G-PR-FM-04543** | Process Area: | Procurement | Version: | 3.0 |

| Pricing / Term Information | | |
| --- | --- | --- |
| Is your offer to supply the goods and/or services greater than $1M? | Yes | No |
| Is the proposed contract term for the delivery of goods and/or services greater than 12 months? | Yes | No |
| If ‘no’ to both questions above, continue to Section 5. | Yes | No |

| General Information | |
| --- | --- |
| What is the Company’s annual turnover? |  |
| Attach a copy of the Company’s current financial report, including copies of the last two years annual reports. | |

| Company Status | | |
| --- | --- | --- |
| Do you have incorporated status? | Yes | No |
| If ‘no’ provide details of status (i.e. sole trader, partnership, Trustee, government agency). | | |
| Are you registered for GST? | Yes | No |
| List authorised representatives / directors. | | |

| Financial Performance | |
| --- | --- |
| Provide details for the following: | |
| Any significant loan capital including the rights and terms of payment |  |
| Significant mortgages and charges. |  |
| Contingent liabilities (indemnities and guarantees) capital commitments and expenditures authorised but not contracted. |  |
| Particulars of any petition, claim, action, judgement or decision that might adversely affect your ability to provide the service. |  |
| Any related party transactions. |  |

| Insurances | | |
| --- | --- | --- |
| Have you provided certificates of currency for the following insurances: | | |
| Workers Compensation | Yes | No |
| Public / Product Liability | Yes | No |
| Professional Indemnity | Yes | No |
| Motor Vehicle | Yes | No |
| Other: Click here to enter any other insurances required | | |

| Conflict of Interest | | |
| --- | --- | --- |
| Will any conflicts of interest exist now or in the future between you and Zinfra and any other organisation should you be engaged to provide the goods and/or services? | Yes | No |
| Will there be any circumstances or relationships that constitute a conflict of interest relating to your response or your potential obligations under the contract? | Yes | No |
| If ‘yes’ to any of the above, attach details (including how you will deal with any conflicts of interest that may arise from your relationship with Zinfra and other parties). | | |

| Completed By: | |
| --- | --- |
| Company |  |
| Name & Title |  |
| Signature |  |
| Date |  |

| **Office Use Only** | | | |
| --- | --- | --- | --- |
| Reviewed By: | | | |
| Click here to enter name | Click here to enter title | Click here to enter signature | Click here to enter a date. |
| Endorsed By: | | | |
| Click here to enter name | Click here to enter title | Click here to enter signature | Click here to enter a date. |