

APUG SMS Supplier Questionnaire



Company Name: _____

Supplier ID: _____

Completed By: _____

Email: _____

Telephone: _____

Date: _____

REMINDERS:

- All sections of the questionnaire are **mandatory** (please indicate N/A, if not applicable)
- Please print clearly and complete in English only
- Send/fax the following **Supporting Documents*** for Quality Checking:
 1. Hong Kong suppliers – Business Registration Certificate (BR)
Overseas suppliers – Certificate of Incorporation (CI)
 2. Last 3-year Financial reports (Balance Sheet & Profit/Loss Statements only)
 3. Quality System, Health & Safety, Environmental certificates – *if applicable*

*Supporting documents not necessary if you are qualified and registered as a Small Supplier

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1. GENERAL INFORMATION

Company Information

Name of Company:	
Previous Name:	
Common Name:	
Address:	
Town/City:	
Post Code:	
Country:	
Tel Number:	
Fax Number:	
E-mail:	
Website Address:	

2. PERSONNEL INFORMATION

Contact Person

First Name:	
Surname:	
Job Title:	
Tel Number:	
Fax Number:	
Email:	

Key Personnel

NOTES: Enter name of person most closely filling the roles even if not their job title.

Managing Director:	
Technical Director:	
Sales Director:	
Financial Director:	
Procurement Director:	

Share Holders (If Applicable)

NOTES: Enter name of Shareholders holding more than 20%.

Shareholder 1:	
Shareholder 2:	

3. LEGAL INFORMATION

Company Type (tick one):

Private Limited Company	<input type="checkbox"/>	Consortium	<input type="checkbox"/>
Public Limited Company (plc)	<input type="checkbox"/>	Trust	<input type="checkbox"/>
Partnership	<input type="checkbox"/>	Government Agency	<input type="checkbox"/>
Sole Trader	<input type="checkbox"/>	Registered Charity	<input type="checkbox"/>
Company Limited by Guarantee	<input type="checkbox"/>	Other	<input type="checkbox"/>

REMINDER:

1. For Hong Kong Suppliers, send Business Registration certificate
2. For Overseas Suppliers, send Certificate of Incorporation (CI)

Business Registration No:	
Year of Registration / Establishment:	
Country of Registration:	
GST/VAT Registration No.	

Main Banker

Name:	
Address:	

Main Auditor

Name:	
Address:	

4. FINANCIAL INFORMATION

IMPORTANT NOTES:

1. All figures to be stated in 000's (e.g. for one million enter \$1,000 *not* \$1,000,000).
2. Provide financial figures for the past 3 years.
3. Send Financial Statements as supporting documents for quality check to APUG SMS.

	(MM / YY)	(MM /YY)	(MM /YY)
Accounts for Year Ending:	/	/	/
Number of Employees:			

Currency of all figures provided:			
Annual Turnover (000's):	\$	\$	\$
Pre-tax Profit/Loss (000's):	\$	\$	\$
Total Assets (000's):	\$	\$	\$
Total Current Assets (000's):	\$	\$	\$
Total Short Term Liabilities (000's)	\$	\$	\$
Share Capital (000's)	\$	\$	\$
Total Net Assets (000's): <i>(Total Net Assets = Total Assets - Total Liabilities)</i>	\$	\$	\$

Additional Comments on Financial Information:

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5. ULTIMATE PARENT COMPANY INFORMATION (IF APPLICABLE)

Name:	
Address:	
Company Registration No:	

NOTES: All figures to be stated in 000's (e.g. for one million enter \$1,000 *not* \$1,000,000).

	(MM / YY)
Accounts for Year Ending:	/
Currency of all figures provided (eg. HKD, USD, Pounds, etc):	
Annual Turnover (000's):	\$
Pre-tax Profit/Loss (000's):	\$
Total Assets (000's):	\$
Total Current Assets (000's):	\$
Total Short Term Liabilities (000's):	\$
Total Shareholders Equity (000's):	\$
Total Net Assets (000's):	\$

6. REGION OF SUPPLY

Global Regions (please tick all that apply):

- | | | | |
|--------------|--------------------------|------------------------------|--------------------------|
| Global | <input type="checkbox"/> | South America | <input type="checkbox"/> |
| Asia Pacific | <input type="checkbox"/> | North America | <input type="checkbox"/> |
| Europe | <input type="checkbox"/> | Other (please specify below) | <input type="checkbox"/> |

Asia Pacific (please tick all that apply):

- | | | | |
|------------------------------|--------------------------|-------------------|--------------------------|
| Hong Kong | <input type="checkbox"/> | Queensland | <input type="checkbox"/> |
| New Zealand | <input type="checkbox"/> | South Australia | <input type="checkbox"/> |
| Australian Capital Territory | <input type="checkbox"/> | Tasmania | <input type="checkbox"/> |
| New South Wales | <input type="checkbox"/> | Victoria | <input type="checkbox"/> |
| Northern Territory | <input type="checkbox"/> | Western Australia | <input type="checkbox"/> |

If you are supplying to regions other than the ones listed above, please specify:

7. ASSOCIATED COMPANIES (IF APPLICABLE)

NOTES: A maximum of **20** associated companies may be entered. You may enter up to three here and photocopy this page if required.

1. Affiliate Joint Venture Parent Company Subsidiary Other

Name:	
Address:	

2. Affiliate Joint Venture Parent Company Subsidiary Other

Name:	
Address:	

3. Affiliate Joint Venture Parent Company Subsidiary Other

Name:	
Address:	

8. OTHER LOCATIONS INFORMATION (IF APPLICABLE)

NOTES:

1. A maximum of **50** branch locations may be entered. Please photocopy this page if required.
2. If you only have one office/factory location in which you have already provided in the Company Information section previously, please disregard this section.

Is this branch location an Office/Factory/Other? Office Factory Other

Office/Factory Name:	
Address:	
Town/City:	
Post/Zip Code:	
Country:	
Office Area (m ²):	
Workshop Area (m ²):	

Does this location have a documented Quality Management system? Yes No

Do you have an appointed Quality Systems Manager? Yes No

If Yes, provide name of Quality System Manager: _____

9. YOUR CUSTOMERS

NOTES

1. A maximum of **20** customers may be entered. You may enter up to 4 here and photocopy this page if required.
2. This section is linked to the Work Reference section (ie. Contract History) of the Product/Service pages; all companies which you wish to use as references must be first entered in this section

Company Name:	
Contact Name:	
Address:	
Telephone:	
Fax:	

Company Name:	
Contact Name:	
Address:	
Telephone:	
Fax:	

Company Name:	
Contact Name:	
Address:	
Telephone:	
Fax:	

Company Name:	
Contact Name:	
Address:	
Telephone:	
Fax:	

REMINDER: For **Sections 10-12**; send Quality System, Health & Safety and/or Environmental Certificates as supporting documents for quality check to APUG SMS if you have indicated specific Standards adopted.

10. QUALITY SYSTEMS

Does your company have a documented QA System?

Yes No

If Yes, specify Quality Standard(s) adopted:
(eg. ISO 9001:2000, In-House, etc...)

Quality Systems Certified by (if applicable):

Do you have an appointed Quality Systems Manager?

Yes No

If Yes, provide name of Quality System Manager:

Additional Comments on Quality Systems:

11. HEALTH & SAFETY

Does your company have a documented Health and Safety Policy?

Yes No

If Yes, specify Health & Safety Policy(s) adopted:
(eg. OHSAS18001, ISRS, In-House, etc...)

Health & Safety Policy certified by (if applicable):

Do you have an appointed Health & Safety Manager?

Yes No

If Yes, provide name of Health & Safety Manager:

Additional Comments on Health & Safety Policy:

12. ENVIRONMENTAL

Does your company have a documented Environmental Policy?

Yes No

If Yes, specify Environmental Policy(s) adopted:
(eg. ISO14001:1996, In-House, etc...)

Environmental Policy certified by (if applicable):

Do you have an appointed Environmental Manager?

Yes No

If Yes, provide name of Environmental Manager:

Additional Comments on Environmental Policy:

13. SOCIAL & ETHICAL

Please provide details of the person who we should contact if we require additional information on labour standards and ethics within your company.

Name:	
Job Title:	
Telephone number:	
Fax:	
Email:	

Can your company demonstrate that it has working practices which take into account the following internationally recognised social and ethical standards?

Prevention of forced, bonded or involuntary prison labour	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Freedom of association & collective bargaining	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Prevention of discrimination	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Disciplinary Practices	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Working Hours	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Remuneration	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Employee Harassment and Abuse	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Does your company have a demonstrable approach to track and/or report on its performance against labour standards? Yes No

Additional Comments:

Can your company demonstrate that it has appropriate working practices which prevent any form of bribery or corruption? Yes No

Additional Comments:

Does your company subcontract any part of the manufacture of the products or delivery of the service offerings you provide?

Yes No If no, skip to the next page.

Can your company demonstrate that it has working practices to evaluate and select suppliers/sub-contractors that take into account the following internationally recognised social and ethical standards?

Prevention of forced, bonded or involuntary prison labour	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Health, Safety and the Environment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Freedom of association & collective bargaining	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Prevention of discrimination	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Disciplinary Practices	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Working Hours	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Remuneration	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Employee Harassment and Abuse	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Does your company have a demonstrable approach to track and/or report on its suppliers' or sub-contractors' performance against labour standards?

Yes No

Additional Comments:

Can your company demonstrate that it has appropriate working practices which prohibit any form of bribery or corruption within its suppliers or sub-contractors?

Yes No

Additional Comments:

Optional Data

The following questions are optional, and the responses are being collected to enable utilities to more fully understand the current state of CSR in the supply chain. Purchasers using APUG SMS will NOT use the responses to these questions as a part of their selection criteria.

Does your organisation subscribe to any recognised Social or Ethical standards or guidelines?

Yes No If yes, please select which from the following list:

UN Global Compact	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Global Reporting Initiative	Yes <input type="checkbox"/>	No <input type="checkbox"/>
SA8000	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ethical Trading Initiative (ETI) Base Code	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Investors in People	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other (please specify) _____		

Do you require your subcontractors to subscribe to any recognised Social or Ethical standards or guidelines?

Yes No If yes, please select which from the following list:

UN Global Compact	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Global Reporting Initiative	Yes <input type="checkbox"/>	No <input type="checkbox"/>
SA8000	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ethical Trading Initiative (ETI) Base Code	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Investors in People	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other (please specify) _____		

Does your organisation make freely available to the public/stakeholders an annual report on its key Social/Ethical issues?

Yes No If yes, please select which from the following list:

Report will be made available on request	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Report is available on our website	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Report includes auditable improvement targets	Yes <input type="checkbox"/>	No <input type="checkbox"/>

14. PRODUCTS & SERVICES

IMPORTANT NOTES:

1. A maximum of **199** products and/or services may be entered. Each space below is for **ONE** product or service **ONLY**. Please make photocopies of this section to include additional products and/or services of your company.
2. This section is crucial as it provides relevant information/description/keywords of the products or services your company provides. Please complete in detail as the buyers will have a better understanding of your company and improve your chances of being selected for future contracts and tenders.
3. If you have any questions or require assistance in completing this section, please contact the APUG SMS Service Desk.

<p>Product/Service Code: <i>Examples include:</i> <u>PRODUCTS</u> (1) 1.10.15 – Lubricating Oils (2) 1.23.04 – Computer Peripherals <u>SERVICES</u> (3) 2.45.28 – Graphic & Media Design Services (4) 3.80.03 – Gas Meter Maintenance & Repair Services</p>	<p><i>*Please do not leave blank. Refer to the APUG Product/Services Code Guide at http://apug.com/Portals/0/PDF/APUGcodes.pdf for appropriate codes. (Product Codes - Prefix 1; Service Codes – Prefix 2 & 3)</i></p>
<p>Product/Service Description: <i>Examples include:</i> <u>PRODUCTS</u> (1) Lubricating oils - turbine, compressor station (2) Printers, laser, inkjet, monitors, scanners, digital cameras, etc. <u>SERVICES</u> (3) Corporate material design services, website design, corporate video production, etc. (4) Meter refurbishment, cleaning, testing, regulator maintenance & repair</p>	<p><i>*Must enter relevant keywords that describes the Product or Service above (Important as buyers will be searching under key terms)</i></p>
Trade/Common Marketing Name of Product (not applicable if Service):	
Lower Capacity Limit (if applicable):	
Higher Capacity Limit (if applicable):	

Company's Role in the Marketing of this Product/Service (tick one):

Manufacturer Agent Stockist Service Provider Other

Manufacturer Name:	
Factory Name:	
Country:	

Product/Service Contact Details:

First Name:	
Surname:	
Job Title:	
Tel Number:	
Fax Number:	
Email:	

Product/Service Quality System Details:

Will this Product/Service be supplied under your company's own Quality Assurance system certified to the EN/ISO 9000 series?

Yes

No

If Yes, specify QA Standard adopted: _____

Quality System Certificate No. (if applicable): _____

Additional Comments on Product/Service Information:

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CONTRACT HISTORY / WORK REFERENCE (provide at least one)

NOTES:

- 1. A maximum of **3** customer work references may be entered.
- 2. This section is for you to give details of companies to which you have previously supplied or currently supplying this product or service.

Customer Work Reference 1:

Company Name:		
Contact Department:		
Year(s) Worked:	From (year):	To (year):
Scope of work: (eg. products or services provided to the customer)		

Customer Work Reference 2:

Company Name:		
Contact Department:		
Year(s) Worked:	From (year):	To (year):
Scope of work: (eg. products or services provided to the customer)		

Customer Work Reference 3:

Company Name:		
Contact Department:		
Year(s) Worked:	From (year):	To (year):
Scope of work: (eg. products or services provided to the customer)		

15. DECLARATION

Company Name: _____ Supplier ID: _____

THIS DECLARATION IS MANDATORY AND MUST BE COMPLETED BY ALL APPLICANTS TO THE APUG SUPPLIER MANAGEMENT SYSTEM (APUG SMS).

Has the company seeking registration been made bankrupt? Yes No

Has the company seeking registration had a receiving or administration order made against it? Yes No

Has the company seeking registration made any arrangement or composition with its creditors? Yes No

Has the company seeking registration passed a resolution or been subject of an order by the court for the company's winding up otherwise than for the purposes of bona fide reconstruction or amalgamation? Yes No

Has the company seeking registration had a receiver, manager or administrator on behalf of a creditor appointed in respect of the company's business or any part thereof? Yes No

Has any Director of the company seeking registration been convicted of a criminal offence? Yes No

Has any Director of the company seeking registration committed an act of grave professional misconduct relating to the conduct of, or in the course of, his business or profession? Yes No

Has the company seeking registration not fulfilled its obligations relating to the payment of taxes or other statutory payments in the State in which the company is located? Yes No

Have you answered Yes to any of the above questions in the Declaration? Yes No

If you answered 'Yes' to any of these questions, you should provide a letter of explanation for consideration by Achilles under rules laid down by the APUG Steering Group when considering your application.

I certify that the information provided in this questionnaire is accurate and complete to the best of my knowledge and belief. I understand that the provision of inaccurate or misleading information may lead to my company being removed from the APUG Supplier Management System.

Name: _____ Date: _____
(Please print)

(Please return questionnaire by fax to +852 2815 7120. Thank you for your co-operation)