



TRANSPORT AND LOGISTICS SERVICE QUESTIONNAIRE

*This questionnaire contains eight (8) sections. Section one (1) and eight (8) are **mandatory**.
Section two (2) to seven (7) should be completed based on the relevant service(s) being offered.*

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SECTION 1: COMPANY DETAILS (Mandatory, to be filled by all service providers/companies)

1. Name of the Company:
2. Physical address of Head Office:
3. Telephone Number of Head Office:
4. Company email address and website, if available:
5. Place and date of incorporation (attach legal documents):
6. Date of commencement of business activity:
7. Name and designation of principal executive of the company (attach organization structure):
8. Details of principal shareholders as of 31 DECEMBER _____:

| Name | Occupation* | Nationality** | % Of holdings |
|------|-------------|---------------|---------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

| | | | |
|----|--|--|--|
| 4. | | | |
| 5. | | | |

* If the shareholder is a company, state the type of business.

** If the shareholder is a company, state place of incorporation (please provide legal documentation verifying points 5, 6 and 9).

9. State the principal activity of the company (e.g. trading, transportation, freight forwarding, shipping agency, etc.):

10. Contact person (and alternate if possible):

Name:

Name:

Designation:

Designation:

11. Number of full-time staff in Head Office: _____ Other offices: _____

12. Please list the details of the other offices:

| | Country | Name of Company | State if fully or partially owned or agent | Fax or email address | No. of full-time staff (if own office) |
|---|---------|-----------------|--|----------------------|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

13. Name and address of company's principal banks (please attach letter of support from the bank on financial status and credibility of the company):

14. What is the company's total turnover in the last two years?

Year ____:

Year ____:

Attach company's financial statements and audited book of accounts for these years.

15. List at least five major clients in the last three years (attach reference letters in form of contracts, LPOs, etc.):

| No. | Date | Client/Organization | Address |
|-----|------|---------------------|---------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

16. Does the company have any affiliated company(s) involved in the same or similar business? If so, please list:

| Affiliate Company Name | Address |
|------------------------|---------|
| | |
| | |
| | |
| | |

15. Is the company currently involved, or has been given notice of involvement, in any litigation involving a sum of more than USD 10,000.00?

Yes / No

SECTION 2: INLAND/OVERLAND TRANSPORT

1. Number of trucks owned by the company (provide the range of truck sizes available, total capacity and copies of truck registration certificates):

| Quantity | Capacity weight (MT) | Capacity volume (M3) | Body type e.g. Flat bed, side rails, temperature controlled | Transmission (4x2, 4x4, 6x4, ...) |
|----------|----------------------|----------------------|--|--------------------------------------|
| | | | | |
| | | | | |
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2. Does the company sub-contract other transportation companies? Yes / No

If yes, provide details of the sub-contracted companies and their average capacity.

| Sub-Contracted Company | Address | Average Capacity of the Company |
|------------------------|---------|---------------------------------|
| | | |
| | | |
| | | |

3. Number and type of trucks sub-contracted:

| Company | Quantity | Capacity weight (MT) | Capacity volume (M3) | Body type e.g. Flat bed, side rails, temperature controlled | Transmission (4x2, 4x4, 6x4, ...) |
|---------|----------|----------------------|----------------------|--|--------------------------------------|
| | | | | | |
| | | | | | |

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
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4. What is the monthly average tonnage/volume of cargo transported for the last four years? Provide details.

| Year | Cargo Type | Metric Tonne | Volume | Inland or overland |
|------|----------------------------------|--------------|--------|--------------------|
| | - Non-food items - Food items | | | |
| | - Non-food items - Food items | | | |
| | - Non-food items - Food items | | | |
| | - Non-food items - Food items | | | |

5. Attach legal driving licenses of all company drivers.

6. Do you provide services throughout the country? If not, please specify the routes/regions/areas of operation.

7. Do you provide overland services? If yes, please specify the countries.

SECTION 3: CUSTOMS, CLEARING AND FORWARDING SERVICES

1. Is the company authorised by all relevant regulating authorities to perform customs clearance activities in the operating country? Provide details.

2. Is the company affiliated to the World Cargo Alliance (WCA), the International Federation of Freight Forwarders Associations (FIATA), or any other body? Provide details.

3. Please specify the entry points in which the company has physical presence and can facilitate customs clearance?

4. Would the company be able to provide customs clearance services in entry points where you have no physical presence?

5. Is the company licensed to perform customs clearance for all modes of transport in the country of activities (sea/air/road/rail) as applicable? If no, mention those the company is licensed to perform.

6. Would the company use outsourced entities to perform any of the required customs clearance activities? If yes, provide details.

SECTION 4: WAREHOUSING

1. List the details below of your storage facilities (add more tables as necessary):

| Storage Facility 1: | | | | | | |
|----------------------------|--------------------------|--|----------------------------|---------------------------------|--|--------------------------------------|
| Physical Address | | GPS coordinates | Dimensions of the facility | Capacity (m ³ or MT) | Type (permanent, semi-temporary, temporary) | Compound (sole or multiple tenancy) |
| | | | | | | |
| Distance to main road (KM) | Condition of access road | Area (m ²) for truck manoeuvring | Secure parking | Office space available | List of equipment (racks, pallets, forklift, etc.) | Ready to use or maintenance required |
| | | | | | | |

| Storage Facility 2: | | | | | | |
|----------------------------|--------------------------|--|----------------------------|---------------------------------|--|--------------------------------------|
| Physical Address | | GPS coordinates | Dimensions of the facility | Capacity (m ³ or MT) | Type (permanent, semi-temporary, temporary) | Compound (sole or multiple tenancy) |
| | | | | | | |
| Distance to main road (KM) | Condition of access road | Area (m ²) for truck manoeuvring | Secure parking | Office space available | List of equipment (racks, pallets, forklift, etc.) | Ready to use or maintenance required |
| | | | | | | |

SECTION 5: COMMODITY HANDLING, WAREHOUSE LABOUR AND CLEANING SERVICES

- Does the company provide warehouse labour (e.g. for handling, loading, off-loading, stacking, bagging, etc.)? If yes, please provide details on quantity available.
- Does the company provide cleaning services? If yes, provide details on if cleaning equipment supplies are provided.
- Please list the area/regions you provide these services.

SECTION 6: PEST CONTROL AND FUMIGATION SERVICES

1. List the details below of the company pest control equipment (e.g. pheromone traps, rodent traps, etc.).

| Equipment | Quantity | Equipment | Quantity | Equipment | Quantity |
|-----------|----------|-----------|----------|-----------|----------|
| | | | | | |
| | | | | | |
| | | | | | |

2. Attach the licence of your fumigation certification.

3. List the details below of the company fumigation equipment (e.g. foggers/motorized mist blowers, knapsack sprayers, fumigation sheets, etc.).

| Equipment | Quantity | Equipment | Quantity | Equipment | Quantity |
|-----------|----------|-----------|----------|-----------|----------|
| | | | | | |
| | | | | | |
| | | | | | |

4. Attach the certificates/licences of the company’s certified fumigation technicians.

SECTION 7: MILLING SERVICES

1. List the details below of the company milling facilities:

| Milling facility | Address | GPS coordinates | Capacity (MT per hr) | Fortification? |
|------------------|---------|-----------------|----------------------|----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2. What internal control measures are in place to ensure quality of the milled products? Give brief description.
3. What National and International quality assurance policies does the company have in place? Please provide details and attach copies for verification.
4. How many technical staff does the company have? Provide the list and their technical competency.

| Number of Staff | Competence | Number of Staff | Competence |
|-----------------|------------|-----------------|------------|
| | | | |
| | | | |
| | | | |

SECTION 8: DECLARATION *(Mandatory to be filled by all service providers/companies)*

I hereby certify that the information provided above is true to the best of my knowledge and I agree that further documentary proof will be provided if required.

NAME IN FULL:

SIGNATURE:

DESIGNATION:

DATE: