**QUESTIONNAIRE**

The information provided in this Application Form will be used by the DPA solely for the purpose of verifying suppliers and business partners.

***\* All Candidates for verification are requested to submit their Application Forms and supporting documents to the following DPA email address: verification@dpa.mil.ua.***

***All Application Forms and supporting documents related to the verification procedure that are sent to any email address of the DPA other than the one specified will not be considered.***

Please fill out the information in the fields provided below:

|  |  |
| --- | --- |
| Full legal name of the Company (Organization): |  |
| Legal address |  |
| Country of registration |  |
| Company website URL |  |
| Full name and position of the contact person |  |
| Phone number |  |
| email |  |

1. Please provide the full name and citizenship of your Company’s Head.

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1. Please specify your Company's legal structure (e.g., charitable organization, limited liability company, etc.).

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1. Please provide your Company's ownership structure in the appendix to this Questionnaire and list all Company (Organization) shares' owners, as they will make up 100%.

|  |  |  |
| --- | --- | --- |
| **Full name/Company name** | **%** | **Country of registration and citizenship** |
|  |  |  |
|  |  |  |

1. Please provide details about the individual who is the ultimate beneficial owner of your Company.

|  |  |
| --- | --- |
| **Last name, first name, patronymic (if available)** | **Country of registration and citizenship** |
|  |  |
|  |  |

*In the absence of the individual who is the ultimate beneficial owner of your Company, you must indicate the reasons for their absence.*

*\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please specify whether your Company (Organization) is a manufacturer of products offered for supply or a supplier (such as a dealer, distributor, agent, etc.).

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1. Does your Company (Organization) possess the required licenses, permits, and certificates (such as ISO, AS, AQAP, or any other specific documents related to the production, export, or import of military and dual-use goods)? If so, please provide these documents along with this questionnaire.

**☐ Yes ☐ No**

If your Company (Organization) plans to receive these documents, please specify when.

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1. Does your Company (Organization) have experience in producing or supplying military and dual-use goods? If so, please provide letters of recommendation from your partners that demonstrate a positive experience of your supply of military and dual-use goods, as well as any related works and services.

**☐ Yes ☐ No**

1. Please attach a list of goods, works, and services that your Company (Organization) can supply for the needs of SE “DPA” using the format below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Product name** | **Product delivery capacity during the year, quantity** | **Estimated cost per unit/set, USD or EUR** | **The time required for the first batch to be ready for shipment, starting from the date of the order** | **Minimum order quantity** | **Nomenclature number (NATO stock number, technical specifications)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

* Full name of the product manufacturer;
* Country of origin of the goods;
* Logistics delivery route.

1. Do any managers or employees in your Company (Organization) who are currently involved or will be involved in executing contracts or negotiations have personal, family, business, and friendly relationships with employees of SE “DPA”? If so, please provide details about these individuals from your Company, including their last name, first name, patronymic, and position. Additionally, describe the nature of these relationships and provide information about the relevant employees of SE “DPA”.

**☐ Yes ☐ No**

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1. Has your Company (Organization) or any of its top managers, including founders and shareholders, been involved in any litigation related to fraud, bribery, or corruption within the last five years?

**☐ Yes ☐ No**

If yes, please provide detailed information (e.g., date of dispute commencement, decisions made, types and numbers of decisions, and the outcomes). Do not provide full names of the individuals listed.

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1. Does your Company (Organization), including subsidiaries, branches, partnerships or joint ventures of your Company (Organisation), currently interact or plan to interact with any companies, including subsidiaries, branches, partnerships, or joint ventures, that are based in the russian federation, the republic of belarus, or the islamic republic of iran?

**☐ YES ☐ NO**

If yes, please provide the name and address of the supplier, subcontractor, or manufacturer (or an individual's full name and address). Additionally, specify their relationship with your Company and the type of activities they will perform as a supplier, subcontractor, or manufacturer.

|  |  |  |
| --- | --- | --- |
| **Name/Address** | **Relationship with the Company** | **Activity** |
|  |  |  |
|  |  |  |

1. Our Company (Organization) guarantees that the production of goods and their components, which we supply to SE “DPA”, is not conducted at any production facilities in the russian federation, the republic of belarus, or the islamic republic of iran.

**☐ Yes ☐ No**

***\* To confirm the fulfillment of the conditions, the Non-Resident Candidate must provide the requested documents, considering the specific legislation of the country where the Candidate is registered (or similar documents). If an equivalent document is submitted, the Non-Resident Candidate must specify which document it replaces. If the documents required by the Customer are not mandated by the laws of the Non-Resident Candidate's country, and there are no equivalent documents, the Candidate must provide a letter explaining the reason for not submitting those documents.***

**We, (name of Company or Organization), confirm that all information provided in this Questionnaire and its attachments is true and accurate.**

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(Signature) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

(Last name) (Position)

*General*

*The Candidate has the right to affix a seal to this document if it is used by the Candidate.*