



**Republika e Kosovës
Republika Kosova – Republic of Kosovo**

INDUSTRIAL SECURITY QUESTIONNAIRE

Guide on Industrial Security Questionnaire (ISQ)

Please follow the following instructions carefully:

Before completing, carefully review all sections of the ISQ.

Complete each section of the ISQ with complete and accurate information.

The administrator/representative of the economic operator writes the data and signs each page of the ISQ in the designated place.

In the sections where the administrator/representative of the economic operator has no information to declare, enter "Not applicable"

1 GENERAL INFORMATION ON THE ECONOMIC OPERATOR

a. Name of the Economic Operator (EO):	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																
b. Unique Identification Number (NUI):	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																
c. Fiscal number:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																
d. Legal form of organization:	<table border="0"><tr><td><input type="checkbox"/></td><td>Individual business</td></tr><tr><td><input type="checkbox"/></td><td>General Partnership</td></tr><tr><td><input type="checkbox"/></td><td>Limited Partnership</td></tr><tr><td><input type="checkbox"/></td><td>Limited Liability Company</td></tr><tr><td><input type="checkbox"/></td><td>Joint Stock Company</td></tr><tr><td><input type="checkbox"/></td><td>Other: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></td></tr></table>	<input type="checkbox"/>	Individual business	<input type="checkbox"/>	General Partnership	<input type="checkbox"/>	Limited Partnership	<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Joint Stock Company	<input type="checkbox"/>	Other: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
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e. Place of incorporation:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																
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g. Headquarters address:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																
h. Addresses of branches (if any):	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																
i. EO contact details:																																	
j. Phone:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																
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ll. Current number of employees:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>																																
m. Number of EO employees to be provided with CPS:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>																																

2 PRESENT THE INTERNAL ORGANIZATIONAL STRUCTURE (organogram) OF THE EO

a. Specify relevant departments and representative personnel:

**3 PRESENT THE ORGANIZATIONAL CHART SHOWING THE OWNERSHIP OF THE EO AND ITS
RELATIONSHIP WITH OTHER RELATED Eos**

a. Specify the names and addresses of the associated Eos:

4 PROVIDE INFORMATION ON EO MANAGEMENT STAFF MEMBERS IN THE PAST THREE (3) YEARS

[illegible]

5 INFORMATION ON FINANCIAL DATA AND OWNERSHIP STRUCTURE

a. What is the basic capital of EO?

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b. Provide information on the origin of the founding capital of the EO:

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c. Provide information on changes in founding capital over the past three (3) years, clarifying:

i Profit:

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ii Owner investments:

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iii Increase the founding capital, clarify:

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iv The reduction of the founding capital, clarify:

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d. Provide information on the current ownership structure of the EO

Co-owners	Percentage of shares held	Ways of profiting from shares

e. List the co-owners of the EO during the last 3 years

Co-owners by time period	Percentage of shares	How are shares issued (if applicable)	Removed

f. Provide financial information based on EO balance sheets for the last 3 years of activity

	Year:	Year:	Year:
Income:			
Expenses:			
Earnings:			
Losses:			

- g. Does EO **own shares** directly or through **controlled companies** (subsidiaries) and/or its branches that are part of domestic capital? ☐ YES ☐ NO

If yes, provide details:

Which EO:

Percentage of shares:

The date since you've owned the shares:

- h. Does EO own shares directly or through controlled companies (subsidiaries) and/or its branches that are part of foreign capital? ☐ YES ☐ NO

If yes, provide details:

Name of the foreign EO:

Country of registration of foreign EO:

The percentage of shares in foreign OE possession:

The capital ownership start date:

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- i. **Is there any foreign individual or entity, directly or indirectly, an owner in your EO?**

☐

YES

☐

NO

If yes, provide details:

Specifics of the individual (name, surname, date of birth, ID No.) or of the foreign EO:

Place of registration of the foreign OE/citizenship of the foreign individual:

The share of capital owned by the foreign EO/foreign individual, expressed in percentage:

The capital ownership start date:

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The method of acquiring capital owned by the foreign EO/foreign individual:

- j. **Do you think that any foreign individual or EO has the ability to control or influence the operations or management sphere of the EO?**

☐

YES

☐

NO

If yes, provide details:

Specifics of the individual (name, surname, date of birth, ID No.) or of the foreign EO:

Method of foreign influence/control:

- k. **Does the EO have other financial investments, other than ownership (such as lending, guarantees, etc.), in other EOs?**

☐

YES

☐

NO

If yes, provide details:

EO name and country of registration:

Type of investment and commercial value:

Date of investment:

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- I. **Has income been generated from individuals or foreign EOs and/or contracts (contacts, agreements) with individuals or foreign EOs in the last 3 (three) years?**

☐ YES

☐ NO

If yes, please provide related information:

Specific details of the individual (name, surname, date of birth, ID No.) or information on the foreign EO from which the income is generated:

Purpose of the contract/agreement:

Date when the contract/agreement was signed:

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The percentage of total income of the EO, which was generated by the individual/foreign EO:

- II. **Does EO have any financial debt or obligation to individuals or foreign EO?**

☐ YES

☐ NO

If yes, please provide related information:

Specifics of the individual (name, surname, date of birth, ID No.) or of the foreign EO:

Type of debt/obligation:

Value of debt/obligation:

The period and methods of repayment of debt/obligation:

Collateral used:

Has the repayment of the debt/obligation been made, or is being made according to predetermined conditions:

Procedures foreseen to be followed in case of late repayment of obligations:

Clarify: whether the debt or obligation has an impact on the current assets of the company and its operations:

6 INFORMATION ON THE ACTIVITY OF THE ECONOMIC OPERATOR

- a. Has EO participated in public procurements in the last 3 (three) years? ☐ YES ☐ NO

If yes, please clarify:

- b. Has EO executed contracts from public procurements in the last 3 (three) years? ☐ YES ☐ NO

If yes, provide details of each public contract as follows:

Name of contracting authority:

Purpose of procurement:

Date of entering into contract(s):

Date of completion of the contract(s):

- c. During the last 3 (three) years, has EO been excluded from participating in public procurement procedures? (Confirmed by relevant, original documentation issued by the competent authority) ☐ YES ☐ NO

If yes, provide details:

- d. Is the EO undergoing any administrative procedure? ☐ YES ☐ NO

If yes, provide details:

Name of contracting authority:

Purpose of procurement:

Reasons for the procedure:

- e. During the last 3 (three) years, has EO been excluded from participating in public procurement procedures in the field of defense and security? (Confirmed by relevant ☐ YES ☐ NO documentation issued by the competent authority)

If yes, please clarify:

- f. During the last 3 (three) years, has the EO participated in procurements in the field of defense and security, which contain classified information? ☐ YES ☐ NO

If yes, provide details:

- g. During the last 3 (three) years, has the EO concluded procurement contracts in the field of defense and security, which contain classified information? ☐ YES ☐ NO

If yes, please provide the data for each procurement contract in the field of defense and security, which contains information classified as below:

Name of contracting authority:

Purpose of procurement:

Level of classification:

The date of completion of the contract(s) (Accompanied by certificates of execution of the contract(s):

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- h. During the last 3 (three) years, has EO entered into contracts with other companies? ☐ YES ☐ NO

If yes, please clarify:

- i. Is the EO undergoing any administrative or judicial procedure for non-fulfillment of contracts with natural or legal persons? ☐ YES ☐ NO

If yes, please clarify:

Information about the claimant and the date of the lawsuit:

The purpose of the contract for which you have been sued:

The institution that is reviewing it:

7 SECURITY INFORMATION ON THE ECONOMIC OPERATOR

- a. Is the EO involved in business cooperation with person/s or legal entities for whom you have information that they have had illegal proceeds? ☐ YES ☐ NO

If yes, provide details for:

Specifics of the individual (*name, surname, date of birth, ID No.*) / name of entity:

Country of registration:

Method of cooperation:

Period of cooperation:

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- b. Has any legal action been initiated against EO, due to any illegal activity: ☐ YES ☐ NO

If yes, provide details for:

Reason for commencing action:

Who initiated it:

At which court:

Start date:

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- c. Do you have information on conflict of interest within the OE related to ownership/co-ownership? ☐ YES ☐ NO

If yes, provide details for:

Specifics of the individual (*name, surname, date of birth, ID No.*) / name of EO:

Type of conflict:

Start date:

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d. **Has the EO employed individuals with foreign citizenship?**

☐

YES

☐

NO

If yes, provide details for:

Name:

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Surname:

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Gender:

☐ M☐ F

Date of birth:

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Place of birth:

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Kombësia / Shtetësia:

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Home address:

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Contact, e-mail, tel, fax:

Required CSP Level:

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Category of information to which access will be granted (*state, EU and NATO*):

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Passport photocopy

e. **Does the EO contract individuals or foreign EOs in order to support its activity?**

☐

YES

☐

NO

If yes, specify for the last 3 (three) years:

Specifics of the individual (*name, surname, date of birth, ID No. /EO number*):

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Country of registration:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

The purpose of contracting:

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f. **Is any member of your company's staff (*management or technical staff*) employed or serving as a consultant for any foreign individual or EO?**

☐

YES

☐

NO

If yes, specify for the last three years:

Specifics of the individual (*name, surname, date of birth, ID No.*) in the company:

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The name and place of registration of the individual or the foreign company where they are employed:

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The function or position held in the foreign company:

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8 INFORMATION ON THE INDUSTRIAL SAFETY OFFICER

Name (any other names used):

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Surname (any other surname used):

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Date of birth:

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Place of birth:

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ID No.:

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Citizenship (including previous status):

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Contact No.:

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9 LIST OF PERSONS WHO WILL BE PROVIDED WITH A CERTIFICATE OF PERSONNEL SECURITY

No	Name and surname	Date of birth	Phone No.	Position/Function	Remarks
1					
2					
3					
4					
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20					

Statement

In the capacity of the EO Administrator _____, by completing and signing this questionnaire, I give my consent to the security, intelligence and law enforcement authorities to control and process the information declared in this document, as well as to undertake the procedures provided by the legislation in force for the implementation of the security verification of the Economic Operator _____.

I agree that verification procedures should be applied by public authorities, which according to current normative acts are responsible for performing such a task.

I agree that the Economic Operator _____ is inspected by APCI as part of the procedure for obtaining an Industrial Security Certificate and subsequently throughout all its validity periods.

In the capacity of the Administrator/representative of the EO, I assume full responsibility, to safe-keep and administer classified information according to requirements of legislation in force.