**1.3\_FORMS REGARDING THE SELECTION CRITERIA**

**1.3.1\_LEGAL ENTITY FILE**

**PLEASE COMPLETE AND SIGN THIS FORM AND**

**ATTACH COPIES OF OFFICIAL SUPPORTING DOCUMENTS\***

*(Please use CAPITAL LETTERS and LATIN CHARACTERS when filling in the form)*

**PRIVATE/PUBLIC LAW BODY WITH LEGAL FORM**

**OFFICIAL NAME**

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

**LEGAL FORM**

**ORGANIZATION TYPE: o FOR PROFIT o NON FOR PROFIT**

**TYPE OF BUSINESS:**

**PRIMARY COUNTRY OF OPERATION:**

**\*SOUTH SUDAN COMPANY REGISTRATION NUMBER**

**DATE OF THIS COMPANY REGISTRATION CERTIFICATE**

***The date has to be the proof of Legal establishment for a minimum of 6 months from SS authorities certification***

***\*\*\*\*\*To be attached the Country Registration Certificate THAT IS MANDATORY\*\*\*\*\****

**ADDRESS OF HEAD OFFICE**

**CITY**

**COUNTY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STATE**

**POSTCODE**

**P.O. BOX**

**COUNTRY**

**PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-MAIL \_**

**DATE**

**SIGNATURE and NAME OF AUTHORISED REPRESENTATIVE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STAMP**

**1.3.2\_ECONOMICAL AND FINANCIAL CAPACITY**

**Please provide all of the information required in USD to be filled in the next tables. To obtain a positive assessment and proceed with the next steps of evaluation process, you have to fill in the Financial Identification Form attached with the related attachment *(last 3 months bank statement)* and reach at least the score of 15.**

**Pay attention that in the point B is requested to be included a Work Final Report for each contract indicated.**

1. **Annual turnover for the last three years in South Sudan, to be attached the Yearly Audited report if available**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **USD** | **Year-3 (2021)** | **Year-2 (2022)** | **Last year (2023)** | **Average**  |
| in SOUTH SUDAN |  |  |  |  |

15 points for an average of more than 250.000 usd

10 points for an average between 150.000 usd and 250.000 usd

05 points for an average between 50.000 usd and 150.000 usd

 0 points for an average lower than 50.000 usd

**Yearly audited report attached: additional 5 points**

1. **Relevant Works**

Please, indicate a maximum of 5 contracts with a value of at least 20.000 usd realized in the period 2022- 2023 -2024 to obtain the maximum score (the Client could be the same but the intervention has to be different).

Only contract accompanied by the Work Final Report will obtain the score indicated below.

**The Work Final reports must include at least 4 Photos of the Construction, details of realization, total value. If you don’t have a standard form, to facilitate this assignment, *you can use the template attached\****

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NR** | **Type of contract** | **Contract Object** **(to specify the work realized and place)** | **Name and contact of Client** | **Contract Date (month + year)** | **Total amount in USD** | **Work Final Report attached?*****(\*Template available in case of need)***  |
| 1 | **O installation****O new construction****O renovation** |  |  |  |  | O YES O NO |
| 2 | **O installation****O new construction****O renovation** |  |  |  |  | O YES O NO |
| 3 | **O installation****O new construction****O renovation** |  |  |  |  | O YES O NO |
| 4 | **O installation****O new construction****O renovation** |  |  |  |  | O YES O NO |
| 5 | **O installation****O new construction****O renovation** |  |  |  |  | O YES O NO |

Max. 30 points for more than 4 invoice/contract higher than 10.000 usd

 20 points for 3- 4 invoice/contract higher than 10.000 usd

 10 points for 1 -2 invoice/contract higher than 10.000 usd

 0 points for no invoice/contract higher than 10.000 usd

***NOTE: Work Final Report not confirmed from the Client will not be considered for the evaluation***

1. **Bank information**

|  |  |  |
| --- | --- | --- |
| **NR** | **Bank Name and address (branch)** | **Financial Identification form\*\* filled in and signed,** **attaching a Copy of the last 3 months Bank Statement** |
| 1 |  | O YES O NO |
| 2 |  | O YES O NO |
| 3 |  | O YES O NO |

***\*\*The Financial Identification form is available below.*This document is binding to administrative compliance with this criteria selection. If you do not submit it, the offer will be not taken into consideration!**

1. **Use of bank account :**

Do you accept the payment by bank account ? O YES O NO

It’s mandatory to reply YES if you want to work with Cuamm, the cash payment is not admitted.

1. **Other information: Insurance**

|  |  |  |
| --- | --- | --- |
| **ACTIVE INSURANCE AVAILABLE?** | **TYPE OF INSURANCE** | **MAX VALUE COVERED** |
| O YES O NO |  |  |

***In case of positive reply, you are requested to attach a declaration of insurance company or valid documnet as proof of information given***

Max. 10 points for a maximum of more than 100.000 usd value covered by the company insurance

1. **Office location**

Do you have an office in Juba?

* NO
* YES

If yes, indicate below the address:

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

*No points assigned*

Signature: .................................................................................. Date: …………………………………….

**\*TEMPLATE TO BE USED FOR WORK FINAL REPORT**

**Referred to point B) RELAVANT WORKS**

***You can copy - paste here the data already included in the table B) for each work***

***and add below the additional info requested:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NR** | **Type of contract** | **Contract Object** **(to specify the work realized and place)** | **Name and contact of Client** | **Contract Date (month + year)** | **Total amount in USD** |
| 1 | **O installation****O new construction****O renovation** |  |  |  |  |

**Site of work realization:**

**County:
State:**

**Type of works realized (to describe them in deep, for example: detail the square meters of intervention and the list of interventions):**

**Photo with description to be included here (at least 4, at max 10) :**

**\*TEMPLATE TO BE USED FOR WORK FINAL REPORT**

**Referred to point B) RELAVANT WORKS**

***You can copy - paste here the data already included in the table B) for each work***

***and add below the additional info requested:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NR** | **Type of contract** | **Contract Object** **(to specify the work realized and place)** | **Name and contact of Client** | **Contract Date (month + year)** | **Total amount in USD** |
| 2 | **O installation****O new construction****O renovation** |  |  |  |  |

**Site of work realization:**

**County:
State:**

**Type of works realized (to describe them in deep, for example: detail the square meters of intervention and the list of interventions):**

**Photo with description to be included here (at least 4, at max 10) :**

**\*TEMPLATE TO BE USED FOR WORK FINAL REPORT**

**Referred to point B) RELAVANT WORKS**

***You can copy - paste here the data already included in the table B) for each work***

***and add below the additional info requested:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NR** | **Type of contract** | **Contract Object** **(to specify the work realized and place)** | **Name and contact of Client** | **Contract Date (month + year)** | **Total amount in USD** |
| 3 | **O installation****O new construction****O renovation** |  |  |  |  |

**Site of work realization:**

**County:
State:**

**Type of works realized (to describe them in deep, for example: detail the square meters of intervention and the list of interventions):**

**Photo with description to be included here (at least 4, at max 10) :**

**\*TEMPLATE TO BE USED FOR WORK FINAL REPORT**

**Referred to point B) RELAVANT WORKS**

***You can copy - paste here the data already included in the table B) for each work***

***and add below the additional info requested:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NR** | **Type of contract** | **Contract Object** **(to specify the work realized and place)** | **Name and contact of Client** | **Contract Date (month + year)** | **Total amount in USD** |
| 4 | **O installation****O new construction****O renovation** |  |  |  |  |

**Site of work realization:**

**County:
State:**

**Type of works realized (to describe them in deep, for example: detail the square meters of intervention and the list of interventions):**

**Photo with description to be included here (at least 4, at max 10) :**

**\*TEMPLATE TO BE USED FOR WORK FINAL REPORT**

**Referred to point B) RELAVANT WORKS**

***You can copy - paste here the data already included in the table B) for each work***

***and add below the additional info requested:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NR** | **Type of contract** | **Contract Object** **(to specify the work realized and place)** | **Name and contact of Client** | **Contract Date (month + year)** | **Total amount in USD** |
| 5 | **O installation****O new construction****O renovation** |  |  |  |  |

**Site of work realization:**

**County:
State:**

**Type of works realized (to describe them in deep, for example: detail the square meters of intervention and the list of interventions):**

**Photo with description to be included here (at least 4, at max 10) :**

**\*\*FINANCIAL IDENTIFICATION FORM**

**attachment to 1.3.2\_c)**

**PLEASE COMPLETE AND SIGN THIS FORM ATTACHING A RECENT COPY BANK STATEMENT**

*(Please use CAPITAL LETTERS and LATIN CHARACTERS when filling in the form)*

**BANKING DETAILS**

**ACCOUNT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IBAN/ACCOUNT NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CURRENCY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BIC/SWIFT CODE BRANCH CODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BANK NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

ADDRESS OF BANK BRANCH

**STREET & NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOWN/CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**POSTCODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COUNTRY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

ACCOUNT HOLDER'S DATA AS DECLARED TO THE BANK

**ACCOUNT HOLDER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STREET & NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOWN/CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**POSTCODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COUNTRY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REMARK \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE OF ACCOUNT HOLDER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1.3.3\_ Technical and professional capacity**

**To obtain a positive evaluation you have to accept the binding conditions requested, attach the requested PO/Purchase Ref, reference letters and reach at least the score of 12**

**Binding conditions requested to administrative compliance with this criteria selection, please indicate if you accept them or not:**

* The retention payment after 6 months after the competition of works fixed at measure of 10% of total contract value is accepted: O YES O NO
* Maximum contractual advance equal to 35% of the total value is accept: O YES O NO
* It’s acceptable as payment modality ONLY the bank transfer to the bank account indicated in the Financial Identification Form: O YES O NO
1. **Length of Service**

Length of service will be calculated from the oldest purchase order available.

How long your company is active in South Sudan with the realization of construction contracts?

Indicate the date of oldest purchase order received from your clients for construction in South Sudan\*:

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(from the date indicated to today)*

***\* Need to submit the PO/Reference with contact details as proof***

Max. 10 points for ≥ 5 years and each individual year 2 points

1. points for minimum experience less than 6 MONTHS
2. **Client list / Organization Reference**

**Only contact accompanied by the Reference Letter will be considered valid.** Constructors shares the examples of their experience in providing services similar to those included within the scope of this tender. Examples provided must be for similar projects within a similar environment / context to that in which CUAMM operates, and within the last three (3) years (2021, 2022 and 2023 up to April 2024).

**Fill in the summary table below:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Nr** | **Full Name of Client** | **Type of Organization *(choose one option)*** | **Representative of the client’s Contact****(Name, Surname, mobile phone, email address)** | **Reference Letter\*\*** |
| 1 |  | O *International-Local Ngo*O *UN agency* O *Private*O *Hospital*O *Government Institution* |  | O YESO NO |
| 2 |  | O *International-Local Ngo*O *UN agency* O *Private*O *Hospital*O *Government Institution* |  | O YESO NO  |
| 3 |  | O *International-Local Ngo*O *UN agency* O *Private*O *Hospital*O *Government Institution* |  | O YESO NO  |
| 4 |  | O *International-Local Ngo*O *UN agency* O *Private*O *Hospital*O *Government Institution* |  | O YESO NO  |
| 5 |  | O *International-Local Ngo*O *UN agency* O *Private*O *Hospital*O *Government Institution* |  | O YESO NO  |

**\*\* The reference letter must be signed by each client, the format is free and can even be a general written communication expressing satisfaction with the service. The document has to be attached to the tender.**

*Note: the Supplier must ensure that for any client references shared, the nominated client is available to be contacted*

Max. 10 points ≥ 5 clients and each individual client 2 points

1. **Availability of realizing constructions within the country**

|  |  |  |
| --- | --- | --- |
| **Are you available to realize any rehabilitation work in the sites listed below?** | **YES / NO** | **Company Branch / local office / reference person of the company present in the area:*****(to be specified the details)*** |
| Lakes State, RUMBEK area | O YESO NO | O YESO NOIf Yes, it is:O Company Branch O Local office O Reference personAddress and Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Lakes State, YIROL area | O YESO NO | O YESO NOIf Yes, it is:O Company Branch O Local office O Reference personAddress and Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Western Equatoria State, Lui Hospital | O YESO NO | O YESO NOIf Yes, it is:O Company Branch O Local office O Reference personAddress and Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Counties within Unity State | O YESO NO | O YESO NOIf Yes, it is:O Company Branch O Local office O Reference personAddress and Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Signature ....................................................................................... Date: …………………………..

(*person(s) authorised to sign on behalf of the tenderer*)