**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**

**ABBREVIATION (if apply)**

**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 YOUR 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\*\*\*\*\****

**ADDRESS OF HEAD OFFICE**

**CITY**

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

**STATE**

**POSTCODE**

**P.O. BOX**

**COUNTRY**

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

**E-MAIL \_**

**PRODUCT CATEGORY SUPPLIED**

**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 fill in the next requested info, to obtain a positive evaluation you have fill in the Financial Identification Form with the related attachment and reach at least the score of 16**

1. **Annual turnover for the last three years in South Sudan:**

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

15 points for an average of more than 110.000 USD?

10 points for an average between 90.000 USD and 110.000 USD?

 5 points for an average between 75.000 USD and 90.000 USD?

1. points for an average lower than 75.000 USD?
2. **Relevant Work Experience for similar goods supplied in the period 2022 – 2023 - 2024:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NR** | **Name of Client** | **Date of invoices / contract** **(INDICATE AT LEAST MONTH AND YEAR)** | **Amount of contract/ purchase** **(ONLY > 5.000 USD)** | **Items supplied (CLEANING MAT., GENERAL SUPPLY, OTHER)** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

15 points for more than 4 invoice/contract higher than 5.000 USD

10 points for 3- 4 invoice/contract higher than 5.000 USD

 5 points for 1 -2 invoice/contract higher than 5.000 USD

 0 points for no invoice/contract higher than 5.000 USD

1. **Bank information**

|  |  |  |
| --- | --- | --- |
| **NR** | **Bank Name and address (branch)** | **Financial Identification form\* filled in and signed,** **(FIND BELOW THE TEMPLATE),****attaching a Copy of the most recent Bank Statement\*\*** |
| 1 |  | YES / NO |
| 2 |  | YES / NO |
| 3 |  | YES / NO |

***\*The Financial Identification is available below***

***\*\*Attachement to be included in the present form***

**This document is biding to administrative compliance with this criteria selection.**

**If you don’t submit it, the offer will not be taken into consideration**

1. **Other information\_Insurance**

|  |
| --- |
| **Provide details about ACTIVE INSURANCE COVERAGE** |
| **Do you have any type of active insurance about your company activity?\*** | *Yes or Not?**If yes,* ***you have to attach a proof of insurance: the company insurance declaration or a similar other valid document***  |
| ***What type of Insurance do you have?*** |  |
| ***What is the maximum value of coverage?*** |  |

Max. 10 points for a maximum of more than 20.000 USD value covered by the company insurance and type of insurance active

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

**\*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 attach the requested PO/Purchase Ref and reach at least the score of 16**

1. **Length of Service**

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

**How long your company is active in South Sudan with the supply of Cleaning Material and General Supplies?**

Indicate the **date of oldest** **purchase order received** from your clients for supply of Cleaning Material and General Supplies in South Sudan**\***:

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(of the oldest purchase order received)*

Years \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(from the year of the date indicated to today-2024)*

***\* Need to submit the PO/Reference with contact details as supporting document to obtain the full score available***

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

0 points for minimum experience less than 6 MONTHS.

1. **Client list / Organization Reference**

Supplier 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 years 2022, 2023, 2024. **Fill in the summary table below:**

|  |  |  |  |
| --- | --- | --- | --- |
| Nr | Name of Client | Type of Organization: choose an option | **To be attached proof of client reference\*** **Yes or NO** |
| 1 |  | **o** NGO **o** UN **o** Private Company **o** Government Institution |  |
| 2 |  | **o** NGO **o** UN **o** Private Company **o** Government Institution |  |
| 3 |  | **o** NGO **o** UN **o** Private Company **o** Government Institution |  |
| 4 |  | **o** NGO **o** UN **o** Private Company **o** Government Institution |  |
| 5 |  | **o** NGO **o** UN **o** Private Company **o** Government Institution |  |
| 6 |  | **o** NGO **o** UN **o** Private Company **o** Government Institution |  |
| 7 |  | **o** NGO **o** UN **o** Private Company **o** Government Institution |  |
| 8 |  | **o** NGO **o** UN **o** Private Company **o** Government Institution |  |
| 9 |  | **o** NGO **o** UN **o** Private Company **o** Government Institution |  |
| 10 |  | **o** NGO **o** UN **o** Private Company **o** Government Institution |  |

***\* Need to submit the PO/Reference with contact details as supporting document, in case you don’t attach them, you can’t obtain the full score available***

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

Max. 10 points ≥ 10 clients and each individual client 1 point

1. **Capacity of the warehouse/ Store within the country**

|  |  |  |
| --- | --- | --- |
| **Capacity of the warehouse/ Store:** | YES / NO | Other Remarks / Specification |
| 0 – 100 sq. m |  |  |
| 100 – 500 sq. m |  |  |
| 500 – 1000 sq. m |  |  |
| More than 1000 sq. m. |  |  |

 Max. **15** points for 500 – 1000 sq. m warehouse

**10** points for 100 – 500 sq. m warehouse

**5** points for less than 100 sq. m warehouse

1. **Key roles and personnel**

**Which employees will be responsible for providing goods and services to CUAMM?**

**Please list names, job titles and contact details (e.g. account managers)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Nr** | **Job Title** | **Role** | **Educational Certification** | **E-mail Address** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

Max. 5 points ≥ 5 employees (with correct job title for the role covered) and each individual one 1 point

1. **Shop on ground to supply directly the items requested**

|  |  |  |
| --- | --- | --- |
| **Do you have a Shop in the following locations to provide the items requested:** | YES / NO | To be specified THE ADDRESS  |
| JUBA |  |  |
| RUMBEK |  |  |
| YIROL |  |  |
| MUNDRI |  |  |

Max. 15 points ≥ 5 stores and each individual store 3 points

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

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