

**I.3 FORMS REGARDING THE SELECTION CRITERIA**

**I.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:**  FOR PROFIT  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** \_\_\_\_\_

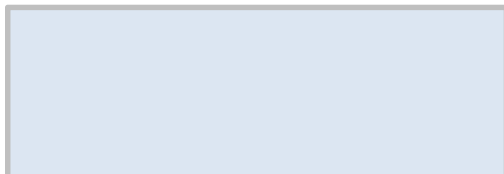
**E-MAIL** \_\_\_\_\_

**PRODUCT CATEGORY SUPPLIED** \_\_\_\_\_

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

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

**STAMP**



**I.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

**A- 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?
- 0 points for an average lower than 75.000 USD?

**B- 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

**C- Bank information**

NR	Bank Name and address (branch)	<b>Financial Identification form* filled in and signed, (FIND BELOW THE TEMPLATE), attaching a Copy of the most recent Bank Statement**</b>
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**

**D- Other information\_Insurance**

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

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

**A. 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.

**B. 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		<input type="radio"/> NGO <input type="radio"/> UN <input type="radio"/> Private Company <input type="radio"/> Government Institution	
2		<input type="radio"/> NGO <input type="radio"/> UN <input type="radio"/> Private Company <input type="radio"/> Government Institution	
3		<input type="radio"/> NGO <input type="radio"/> UN <input type="radio"/> Private Company <input type="radio"/> Government Institution	
4		<input type="radio"/> NGO <input type="radio"/> UN <input type="radio"/> Private Company <input type="radio"/> Government Institution	
5		<input type="radio"/> NGO <input type="radio"/> UN <input type="radio"/> Private Company <input type="radio"/> Government Institution	
6		<input type="radio"/> NGO <input type="radio"/> UN <input type="radio"/> Private Company <input type="radio"/> Government Institution	
7		<input type="radio"/> NGO <input type="radio"/> UN <input type="radio"/> Private Company <input type="radio"/> Government Institution	
8		<input type="radio"/> NGO <input type="radio"/> UN <input type="radio"/> Private Company <input type="radio"/> Government Institution	
9		<input type="radio"/> NGO <input type="radio"/> UN <input type="radio"/> Private Company <input type="radio"/> Government Institution	
10		<input type="radio"/> NGO <input type="radio"/> UN <input type="radio"/> Private Company <input type="radio"/> 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

**C. 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

**D. 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

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

Date: .....