

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 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********

ADDRESS OF HEAD OFFICE _____

CITY _____

COUNTY _____

STATE _____

POSTCODE _____

P.O. BOX _____

COUNTRY _____

PHONE _____

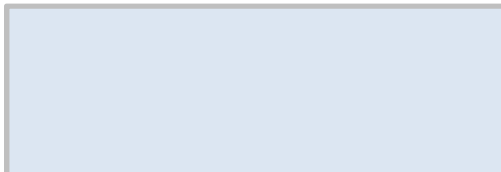
E-MAIL _____

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 (2022) | Year-2 (2023) | Last year (2024) | Average |
|----------------|---------------|---------------|------------------|---------|
| in SOUTH SUDAN | | | | |

15 points for an average of more than 400.000 USD?

10 points for an average between 200.000 USD and 400.000 USD?

5 points for an average between 100.000 USD and 200.000 USD?

0 points for an average lower than 100.000 USD?

B- Relevant Work Experience for Accommodation Service in the period 2022 – 2023 - 2024:

| NR | Invoices / contract with total value higher than 20.000 USD for: | Name of Client | Date of invoices / contract | Items supplied amount |
|----|--|----------------|-----------------------------|-----------------------|
| 1 | Accommodation Service or similar? To be specified | | | |
| 2 | Accommodation Service or similar? To be specified | | | |
| 3 | Accommodation Service or similar? To be specified | | | |
| 4 | Accommodation Service or similar? To be specified | | | |
| 5 | Accommodation Service or similar? To be specified | | | |

15 points for more than 4 invoice/contract higher than 20.000 USD

10 points for 3- 4 invoice/contract higher than 20.000 USD

5 points for 1 -2 invoice/contract higher than 20.000 USD

0 points for no invoice/contract higher than 20.000 USD

C- 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

D- Other information

| | |
|--|--|
| Provide details of what insurance cover you have and what the maximum value is (TO BE ATTACHED A DECLARATION OF COMPANY INSURANCE / VALID DOCUMENT AS PROOF OF INFORMATION) | |
|--|--|

Max. 10 points for a maximum of more than 50.000 USD value covered by the company insurance

Signature: Date:

***FINANCIAL IDENTIFICATION FORM**

attachment to I.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 _____

I.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 accommodation Service?

Indicate the date of oldest purchase order received from your clients for supply of accommodation service in South Sudan*:

Date _____

Years _____ (from the date indicated to today)

*** Need to submit the PO/Reference with contact details as supporting document**

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

Service Provider 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 two (2) years (2023 and 2024). **Fill in the summary table below:**

| Name of Client | Type of Organization (to be choose between: International-Local Ngo, UN agency, Bank, Hospital, Government Institution, etc) | To be attached the Reference Letter* | Project Description |
|----------------|--|--------------------------------------|---------------------|
| | | Attached or not | |
| | | Attached or not | |
| | | Attached or not | |
| | | Attached or not | |
| | | Attached or not | |
| | | Attached or not | |
| | | Attached or not | |
| | | Attached or not | |
| | | Attached or not | |

*** Need to submit the PO/Reference with contact details as supporting document**

Note – the Service Provider 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. What is the Capacity of your Hotel/ Guest House within Juba?

| Capacity of the Guest House/ Hotel: | YES / NO | Other Remarks/ Specifications |
|-------------------------------------|----------|-------------------------------|
| 0 – 100 sq. m | | |
| 100 – 500 sq. m | | |
| 500 – 1000 sq. m | | |

Max. 15 points for 500 – 1000 sq. m Hotel, 10 points for 100 – 500 sq. m Hotel and 5 points for less than 100 sq. m Guest.

D. Key roles and personnel

Which employees will be responsible for providing accommodation services to CUAMM staff?

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

| Job Title | Role | Educational Certification | E-mail Address |
|-----------|------|---------------------------|----------------|
| | | | |

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

E. Hotel or guest house on ground

| Do you have a hotel/ guest house? | YES / NO | Branch / location / to be specified the address (Yes / No + address) |
|-----------------------------------|----------|---|
| JUBA | | |

Max. 15 points ≥ 5 hotel/ guest house store 3 points

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

Date: