

### 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** \_\_\_\_\_

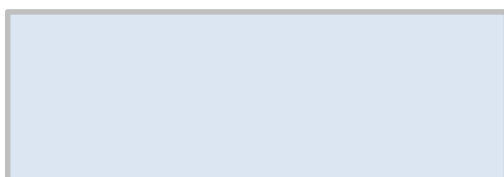
**E-MAIL** \_\_\_\_\_

**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 (total annually amount) / 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)	<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

<b>Provide details of what insurance (i.e. fire insurance, burglary insurance, accident insurance, etc.) cover you have and what the maximum value is</b>  <b>(TO BE ATTACHED A DECLARATION OF COMPANY INSURANCE / VALID DOCUMENT AS PROOF OF INFORMATION)</b>	
--	--

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

### 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 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. Capacity of rooms

**What is the Capacity of your Hotel/ Guest House within Juba?**

Capacity of the Guest House/ Hotel	YES / NO	Other Remarks/ Specifications
0 – 100 rooms		
100 – 500 rooms		
500 – 1000 rooms		

Max. 15 points for 500 – 1000 rooms, 10 points for 100 – 500 rooms and 5 points for less than 100 rooms.

#### 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. Security

**List the kind of security services guaranteed**

Security service	YES / NO	Other Remarks/ Specifications
Security guards (specify: armed/unarmed, day/night guards)		
CCTV or other devices		
Other (specify)		

Max. **10** points for all services in place, **5** points for only 1 service, and **3** points for additional

**F. Distance**

Distance from CUAMM office

Distance covered	YES / NO	Other Remarks/ Specifications
0-5 KMs radius		
5-10 KMs radius		
Above 10KMs radius		

Max. **10** points for 0-5 KMs, **5** points for 5-10 KMs, **3** points Above 10 KMs

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

Date: .....