

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 _____

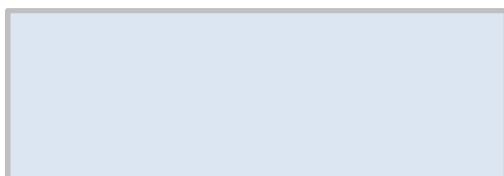
E-MAIL _____

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 attaching official document as proof:

USD	Year-3 (2023)	Year-2 (2024)	Last year (2025)	Average
in SOUTH SUDAN				

15 points for an average of more than 150.000 USD?

10 points for an average between 100.000 USD and 150.000 USD?

5 points for an average between 100.000 USD and 50.000 USD?

0 points for an average lower than 50.000 USD?

B- Relevant Work Experience for similar goods supplied in the period 2024 - 2025:

NR	Invoices / contract with total value higher than 20.000USD for:	Name of Client and contact	Date of invoices / contract	Items supplied amount
1	Drugs and other medical items Supplied or similar? To be specified			
2	Drugs and other medical items Supplied or similar? To be specified			
3	Drugs and other medical items Supplied or similar? To be specified			
4	Drugs and other medical items Supplied or similar? To be specified			
5	Drugs and other medical items Supplied or similar? To be specified			

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

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

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

0 points for no invoice/contract higher than 20.000USD

C- Bank information

NR	Bank Name and address (branch)	Financial Identification form* filled in and signed, 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 bidding to administrative compliance with this criteria selection.

If you don't submit it, the offer will be not 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)	
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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/Purch. Ref and reach at least the score of 65.

A. Length of Service and structure of Company

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

**How long your company is active in South Sudan with the supply of Drugs, medical supplies and Equipment?
Indicate the date of oldest purchase order received from your clients for supply of Drugs, medical supplies and Equipment in South Sudan*:**

Date _____

Years _____ (from the date indicated to today)

Company structure information requested	Reply from the supplier
1. When the supplier organization was founded?	
2. Specify the origins and historical development	
3. Details of any parent company, if applicable	
4. Details of joint venture arrangements (if applicable)	
5. Details of key health and safety, environmental and other performance measures applied by the Company	

*** 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 24 MONTHS.

The info requested for the structure can give you a maximum of 10 additional points.

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 last two (2) years (2022 and 2023). **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	

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

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

C. Availability of Key roles and personnel

The company has employees with verifiable capacity and experience whose duties include all the activities necessary for Quality Management and Good Distribution Practices (GDP) compliance, such as implementing and maintaining the quality system. Please list names, job titles and contact details (e.g. Pharmacists, Pharmacy Technician, Procurement Manager etc.) as requested:

I. Indicate the total number of employees divided per area and attached the Organogram

Total:	
Management:	
Sales:	
Administrative:	

Others (specify)	
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2. KEY STAFF: Pharmacist, Manager, CEO and other relevant positions to be detailed below. Please, attached the CV signed

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. At least 2 of these 5 employees should have pharmacy qualification + Max. 5 points for well organized, clear and complete organogram

D. Capacity to provide wide range of medical supplies

The company can share evidence of experience in providing a wide range and categories of medical supplies.

Item Category	On what basis does your company select/qualify its manufacturers of multisource (generic) medicines?	Manufactures Company (name, address, web site, email)	Certifications held*	Date of Last certification and certifying body**
Drugs & Pharmaceuticals				
Medical consumables				
Medical equipment & furniture				
Laboratory reagents & equipment				
Medical Training supplies				

*Write in the chart below details of all certification held (eg. ISO9001, GMP certification, Certificate of Pharmaceutical Product According to WHO)

**Include date of last certification/recertification and details of the certifying body (copies of certifications may be appended to your response). Details of any recent external corporate awards, including the awarding body, if relevant.

Max. 50 points for covering all, 10 points for each category.

E. Fulfil Standard Medical Supply Storage requirements

Does the company meet the minimum requirements for storage of medical supplies

Storage criteria	Feedback from the Supplier: Yes or Not (and comment)	Store Location	Means of verification provided?
Stand-alone medical stores / warehouses with adequate space for storage of medical supplies - Well organized store / warehouse with and with free space for easy movement of persons and trolleys to access all supplies). It must be clean and hygienic (no rats).			
All stores / warehouse meets the standard storage condition with the required standard of practice or guidelines – Temperature, Humidity, Light and free from water			
All stores and warehouses are used only for storage of medical supplies. Not used for storage of other items			
The company has at least 1 store or warehouse with cold chain system used for storage of pharmaceuticals that are temperature sensitive (cold chain items)			

All stores and warehouse has a standard of practice in use for routine identification of short-dated and expired medical supplies.			
The Vendor guarantee a separate area for the inflammable items			

Max. points ≥ 30 stores and each individual store 5 points

F. Capacity of delivery within the country

Can you deliver the items supplied in the sites listed below:	YES / NO	Branch / local office and shop / to be specified the address (Yes / No + address)
JUBA		
RUMBEK		
YIROL		
MUNDRI		
NYAL or LEER		

Max. 15 points for covering all sites, 3 point for each site covered.

G. Compliance with guidelines on good distribution practices (GDP) and Transport of Medical supplies

GDP & Transport criteria	Feedback from the Supplier: Yes or Not (and comment)	Means of verification provided?
The company understand the commitment to the principles of Good Manufacturing Practices (GMP) and can provide Certificates of Analysis or Assessment or provide other type of quality control assurance documentation?		
The company have an SOP and transport facilities in place to facilitate the transporting procured medical supplies and pharmaceuticals, including a system in place for the transport of cold chain items from the stores / warehouses to the recipients.		
Products are delivered to the right recipients within a satisfactory time using appropriate proof of delivery documents		
Delivery documents include batch number, expiry date and manufacturer name for pharmaceuticals and manufacturer name, model and serial number for equipment unit/set?		
The company provide warranty on medical equipment they sale and provide post-sale maintenance services for equipment during warranty period. Provide names of organizations that have received "after sales maintenance" services in the last 1 year?		

Max. points are 20 and each individual store 4 points