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: ☐ **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

******** The Country Registration Certificate MUST BE ATTACHED ********

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

A- Annual turnover for the last three years in South Sudan, to be attached to the Yearly Audited report if available:

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

15 points for an average of more than 250.000 USD?
10 points for an average between 150.000 USD and 250.000 USD?
5 points for an average between 50.000 USD and 150.000 USD?
0 points for an average lower than 50.000 USD?
Yearly audited report attached: additional 5 points

B- Relevant Work Experience for Insurance Services in the period 2023 – 2024 - 2025:

Please indicate a maximum of 5 contracts with a value of at least $20,000 realized in the period 2022-2023-2024 to obtain the maximum score (the client could be the same but the intervention must be different).
Only contracts accompanied by the Work Final Report will obtain the score indicated below.
The Final Work Reports must include at least 4 photos of the construction, details of realization, and total value. If you do not have a standard form, to facilitate this assignment, ***you can use the attached template*.***

NR	Type of contract	Contract Object (to specify the work realized and place)	Name and contact details of client	Contract Date (month + year)	Total amount in USD	Work Final Report attached?
1	To be specified					O YES O NO
2	To be specified					O YES O NO
3	To be specified					O YES O NO
4	To be specified					O YES O NO
5	To be specified					O YES O NO

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		O YES O NO
2		O YES O NO
3		O YES O 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- Use of bank account:

Do you accept payment by bank account? O YES O NO

It is mandatory to reply YES if you want to work with Cuamm; cash payments are not accepted.

E- Other information

Provide details of what insurance (i.e. fire insurance, burglary insurance, accident insurance, etc.) 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

F- Office Location

Do you have an office in Juba?

- NO
- YES

If yes, indicate the address below:

_____

No points assigned

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 20

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 Fuel (Diesel & Petrol)?

Indicate the date of oldest purchase order received from your clients for supply of Fuel (Diesel & Petrol) 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

Tenderer 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 three (3) years (2023, 2024 and 2025). **Fill in the summary table below:**

No.	Full Name of Client	Type of Organization *(choose one option)*	Client Contact Representative (First name, Last name, mobile phone number, email address)	To be attached the Reference Letter*
1		O *International-Local NGO* O *UN agency* O *Private* O *Hospital* O *Government Institution*		O YES O NO
2		O *International-Local NGO* O *UN agency* O *Private* O *Hospital* O *Government Institution*		O YES O NO
3		O *International-Local NGO* O *UN agency* O *Private* O *Hospital* O *Government Institution*		O YES O NO
4		O *International-Local NGO* O *UN agency* O *Private* O *Hospital* O *Government Institution*		O YES O NO
5		O *International-Local NGO* O *UN agency* O *Private* O *Hospital* O *Government Institution*		O YES O NO
6		O *International-Local NGO* O *UN agency* O *Private* O *Hospital* O *Government Institution*		O YES O NO

**** The reference letter must be signed by each client; the format is free and can even be a general written communication expressing satisfaction with the service. The document has to be attached to the tender.***

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

Max. **10** points ≥ 5 clients and each individual client 2 points

C. Key roles and personnel

Which employees will be responsible for providing relevant information to CUAMM during contract period?
Please list names, job titles and contact details (e.g. account managers)

No	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

D. Supplier Classification

Please indicate if your company operates as a primary fuel distributor or as an intermediary/broker:

o Primary Fuel Company / Direct Supplier
o Fuel Broker / Intermediary

Please note: CUAMM accepts offers exclusively from primary fuel companies and direct distributors. Selecting 'Fuel Broker / Intermediary' will result in immediate exclusion from the tender process.

E. How many fuel stations do you have in the country and where?

No	Location of fuel station
1	*Insert as many lines as necessary.*
2	
3	
4	
5	

F. Fuel Quality and Compliance

Do you perform regular quality control tests on your fuel (e.g., water/sediment contamination, density testing)?

o YES
o NO

(If YES, please attach the latest Quality Assurance / Inspection Certificate from an accredited body)
If certificates are provided, will be assigned 2 points

G. Fuel Dispensing and Metering Controls

Are your pumps/dispensing units calibrated and fitted with digital meters to verify exact quantities delivered?

o YES
o NO

H. Station on site to supply the requested items directly

Do you have a station in the following locations to provide DIRECTLY the items requested?	**JUBA**	**o YES**	**o NO**
	RUMBEK	**o YES**	**o NO**
	YIROL	**o YES**	**o NO**
	MUNDRI or LUI	**o YES**	**o NO**
	LEER	**o YES**	**o NO**

I. Storage Capacity of the fuel station/Store within

Capacity of the station/Store:	Feedback from the supplier:	Points assigned
Below 10,000 Liters	o **YES**	1 points
10,000 – 50,000 Liters	o **YES**	3 points
More than 50,000 Liters	o **YES**	5 points
Total Fuel Storage Capacity (in Liters)		
Where is your main deposit/store located? **Specify town/location:**		

J. Fuel shortage/stock out in the past 3 years

Did you incur any fuel shortage/stock out in the past 3 years?

o YES
o NO

K. Contingency and Continuous Supply Capacity

Do you maintain a strategic fuel reserve dedicated to contractual clients during national fuel shortages?

o YES
o NO

What is your guaranteed delivery/response time in case of an emergency order?

o Within 24 hours
o 24–48 hours
o More than 48 hours

L. Delivery Logistics and Transport Assets

Do you own and operate your own fleet of fuel tankers for transportation to project sites?

o YES (Directly Owned)
o NO (Subcontracted)

(If YES, specify total number of operational fuel tankers): _____

Signature ..... Date: ……..
(*person(s) authorised to sign on behalf of the tenderer*)