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PRE-QUALIFICATION OF SUPPLIERS AND SERVICE PROVIDERS FOR VARIOUS GOODS AND SERVICES FOR AAH-I SOUTH SUDAN FOR THE YEAR 2027 AND 2028

Instructions for completion of the Prequalification Form

The form should be completed in uppercase (typed) and completed clearly and accurately ensuring that all questions are answered. The numbers below correspond to item numbers on the registration form.

1 Full name of Company
2 Profile of your company and specialization (Major trade for which company was formed)
3 Full legal address
4 Telephone number, including correct country and area codes
5 Fax number, including country and area codes, if any
6 E-mail address
7 Website, if any
8 Provide name of person (including title) or department to whom correspondence should be addressed
9 Full legal name of parent Company, if any
10 Provide names and addresses of all subsidiaries, associates and overseas representatives, if any (on a separate sheet if necessary)
11 (a) Nature of Business (b) Type of Business; Tick one box only. If "Other" is ticked, please specify
12 Indicate the year in which the company was established under the name shown in Item 1
13 Indicate the total number of full-time personnel in the Company
14 Provide license number under which the Company is registered and validity period of the license
15 Provide VAT number and validity period, if any
16 Provide TIN number
17 Tax Clearance Certificate Number (Must have been issued within the last six month or less)
18 Provide total annual volume of works in US Dollars (mil), of the Company, for the last 3 financial **years**
19 Provide full name and address of the Bank(s)used by the Company
20 Provide Company's bank account number and name of account (Must be Company Account)
21 Provide copy of the Company's most recent Annual Report or audited financial report. If available,
22 List all countries/states where the Company has local offices or representation
23 This form should be signed by the person completing it, and their name and title should be typed, along with the date.

SECTION 1: COMPANY DETAILS AND GENERAL INFORMATION

1. FULL LEGAL NAME OF COMPANY:

_____

2. PROFILE/SPECIALIZATION/CATEGORY:

_____

_____

3. STREET ADDRESS:

_____

POSTAL CODE:_____

CITY:_____

COUNTRY:

4. TEL NO:_____

5. FAX NO:_____

6. E-MAIL ADDRESS:_____

7. WEBSITE ADDRESS:_____

8. CONTACT NAME AND TITLE:

9. PARENT COMPANY (Full legal name):

10. SUBSIDIARIES, ASSOCIATES AND/OR OVERSEAS REPRESENTATIVE(S):
(Attach list, if necessary)

11a. NATURE OF BUSINESS (Tick one box only):

Trader: ☐ Authorized Agent: Company: ☐

Other (specify):_____

11b. TYPE OF BUSINESS:

Corporate/Limited: Partnership: ☐ NGO: Sole Proprietorship: ☐

Other (specify):_____

12. YEAR ESTABLISHED:

13. NUMBER OF FULL-TIME EMPLOYEES:

14. TRADING/OPERATION LICENCE No:_____ VALID TILL _____

15. VAT NUMBER :_____VALID TILL_____

16. TAX IDENTIFICATION:_____VALID TILL_____

17. Tax Clearance Certificate No: _____

18. ANNUAL VALUE OF TOTAL REVENUE FOR THE LAST 3 YEARS:

(1) 2019: US$_____ (2) 2022: US$_____ (3) 2021:US$_____

19 BANK NAME (with Branch):_____

BRANCH AND ADDRESS:_____

20 BANK ACCOUNT NUMBER:_____

ACCOUNT NAME:_____

SWIFT/BIC ADDRESS:_____

SECTION 2: FINANCIAL INFORMATION

21 PLEASE PROVIDE COPIES OF THE COMPANY'S LAST 3 YEARS ANNUAL OR AUDITED FINANCIAL REPORT, WHICHEVER IS AVAILABLE

SECTION 3: TECHNICAL CAPABILITY AND INFORMATION ON SERVICES OFFERED

22 INTERNATIONAL OFFICES/REPRESENTATION:
(Countries where the Company has local offices/representation- if applicable)

_____

23. County OFFICES/REPRESENTATION (indicate whether you have shops/offices in Renk, Bunj, Yida, Jamjang, Maridi, Yei, Yambio, wau, Bentiu, Malakal and Juba) in South Sudan.

24. CERTIFICATION:

I, the undersigned, warrant that the information provided in this form is correct and, in the event of changes, details will be provided as soon as possible:

Name_____

Functional Title_____

Signature_____Date_____