AAH South Sudan
Juba Office: off Munuki Road,
Next to South Sudan Civil Service Commission



Kenya, Somalia, South Sudan, Uganda, Zambia

PRE-QUALIFICATION OF SUPPLIERS AND SERVICE PROVIDERS FOR VARIOUS GOODS AND SERVICES FOR AAH-I SOUTH SUDAN FOR THE YEAR 2019

Instructions for completion of the Prequalification Form

The form should be completed in uppercase (either hand written or 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 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.

Vendor Pre-Qualification Form

SECTION 1: COMPANY DETAILS AN	ND GENERAL INFORMATION
1. FULL LEGAL NAME OF COMPANY:	
C	STREET ADDRESS: OSTAL CODE: ITY: OUNTRY:
4. TEL NO:	
8. CONTACT NAME AND TITLE:	
9. PARENT COMPANY (Full legal name):	
10. SUBSIDIARIES, ASSOCIATES AND/OR OVERSEAS REPRESENTA (Attach list, if necessary)	ATIVE(S):
11a. NATURE OF BUSINESS (Tick one box only): Trader: Authorized Agent: Company: Other (specify):	
11b. TYPE OF BUSINESS: Corporate/Limited: Partnership: NGO: S Other (specify):	Sole Proprietorship:
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:			
10.	(1) 2013: US\$ (2) 2014: US\$	(3) 2015: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 ANN WHICHEVER IS AVAILABLE	UAL OR AUDITED FINANCIAL REPORT,		

SECTION 3: TECHNICAL CAPABILITY AND INFORMATION ON SERVICES OFFERED

(Countries where the Company has local office:	ΓΙΟΝ: /representation- if applicable)	
23. CERTIFICATION:		
	at the information provided in this form is correct and, be provided as soon as possible:	in the
Name		
Functional Title		
Signature	Date	