****AAH South Sudan

Juba Office: **Hai Gabat – Opp JIT Supermarket**

**Behind South Sudan Customs, Tel: +211 925 478 457**

**Email:** [**ssudan@actionafricahelp.org**](mailto:ssudan@actionafricahelp.org)

 *Kenya, Somali, South Sudan, Uganda, Zambia*

**PRE-QUALIFICATION OF SUPPLIERS AND SERVICE**

**PROVIDERS FOR VARIOUS GOODS AND SERVICES FOR AAH-I SOUTH SUDAN FOR THE YEAR 2024/25**

**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.

Page 1

**Vendor Pre-Qualification Form**

**SECTION 1: COMPANY DETAILS**

**AND**

**GENERAL INFORMATION**

1.

FULL LEGAL NAME OF COMPANY:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

. PROFILE/SPECIALIZATION

2

/CATEGORY

:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_

4.

TEL NO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_6. E

-

MAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5.

FAX NO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_7. WEBSITE ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.

STREET ADDRESS:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSTAL CODE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_

COUNTRY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8.

CONTACT NAME AND TITLE:

9

. PARENT COMPANY (Full legal name

):

10.

SUBSIDIARIES, ASSOCIATES AND/OR OVERSEAS REPRESENTATIVE(S):

(

Attach list, if necessary

)

11

a. NATURE OF BUSINESS (T

ick one box only):

Trader:

Authorized Agent:

Company:

Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11

b. TYPE OF BUSINESS

:

Corporate/Limited:

Partnership:

NGO:

Sole Proprietorship:

Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12

. YEAR ESTABLISHED

:

13

. NUMBER OF FULL

-

TIME EMPLOYEES:

14.

TRA

DING/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) 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 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 ha

s local offices/representation

-

if applicable)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

23.

CERTIFICATION:

I, the undersigned, warrant that the information pr

ovided in this form is correct and, in the

event of changes, details will be provided as soon as possible:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Functional Title\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_