



## EXPRESSION OF INTEREST

### INVITATION TO EXPRESS INTEREST FOR PROVISION OF MEDICAL INSURANCE SERVICES, GROUP LIFE INSURANCE, GROUP PERSONAL ACCIDENT AND FUND MANAGEMENT COVER FOR CARE SOUTH SUDAN

CARE South Sudan is an International humanitarian organization dedicated to fighting poverty and social justice with a special emphasis on women and girls. CARE South Sudan is part of CARE International whose vision is to seek a world of hope, tolerance and social justice, where poverty is overcome and people live in dignity and security. CARE has been present in South Sudan since 1970, before the country's independence. CARE South Sudan head office is in Juba with operations in Jonglei, Unity State, Western Bahr El Ghazal, Upper Nile, and Eastern Equatorial.

CARE South Sudan has set aside funds for its operation during the Financial Year 2024 (July 01, 2023 to June 30, 2024). It is intended that part of the proceeds of the funds will be applied to cover for staff medical insurance services, group life insurance, group personal accident and fund management cover.

CARE South Sudan would like to invite applications from credible, eligible and well-established insurers to submit expression of interest through [ssd.procurement@care.org](mailto:ssd.procurement@care.org) before **March 24, 2023, at 1400hours**. Late submitted expression of interest and incomplete documents shall not be accepted for evaluation irrespective of the circumstances.

Proof documents listed in the shortlisting criteria must be submitted as part of the expression of interest. Only shortlisted bidders will be contacted for technical and financial proposal.

#### Shortlisting Criteria

1. Certificate of Registration/Letter of Incorporation
2. Valid Tax Compliance Certificate
3. Valid licenses for operating in South Sudan.
4. Valid operation license for medical insurance provider
5. Must have 4 years' experience working with UN agencies or/and International NGOs where CARE operates.
6. Duly completed and signed vendor questionnaire (attached)

Interested bidders may obtain further information through [ssd.procurement@care.org](mailto:ssd.procurement@care.org) or from the CARE Office at the address given below from 08.00 am to 15.00 pm Monday to Friday commencing from March 16, 2023 except on public holidays.

Expression of Interest must be addressed to:

**Country Director  
CARE South Sudan  
NPA Building (Across UNICEF), 3<sup>rd</sup> Floor, Martyrs Street, Juba  
South Sudan**



# VENDOR QUESTIONNAIRE (Confidential)

Note: CARE Standard Payment Terms are 30 days from receipt of goods or service and a CARE approved invoice.

## I. REQUIRED INFORMATION (Please Print Clearly)

CARE Contact Name:			
Company/Individual Name:			
Owner Name (if different from above):		Nationality of Owner:	
Contact Person:			
Full Address (Street/City, etc):			
Phone No:		Fax No:	
E-mail:		Website:	

## II. CUSTOMER REFERENCES

Provide 3 current customer references, listing customer, phone number, contact person, contact's e-mail and a description of the product or service provided to the customer. (If you need additional space please use a separate page.)

1	Name of Organization/Business		
	Name of Contact Person	Title	
	E-mail:	Phone:	
	Type of product / service provided to client		
2	Name of Organization/Business		
	Name of Contact Person	Title	
	E-mail:	Phone:	
	Type of product / service provided to client		
3	Name of Organization/Business		
	Name of Contact Person	Title	
	E-mail:	Phone:	
	Type of product / service provided to client		

## III. Indicate below the products or services sold or provided by you

[a]	[b]
[c]	[d]
[e]	[f]
[g]	[h]

## IV. Registration of Business

1. Is your firm registered as a business entity with the government?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. If YES, please provide your business registration number		

3. If applicable, please provide Sales Tax Registration Number		
4. Please provide Tax ID number		
5. Indicate how long have you been in this type of business		
6. Have you ever done business with other aid agencies? If so, provide names of agencies immediately below:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7. Are you related to any person currently employed with CARE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8. If YES, please provide name and position		
9. Provide here, any additional information regarding your business		
<b>NOTE: Government regulations may require CARE to deduct taxes on any transaction prior to effecting payment to the vendor.</b>		

**V. Certification**

I certify that the foregoing is true and complete to the best of my knowledge and belief and that no material changes have occurred to the business which would affect any of the above representations.

**CERTIFICATION REGARDING TERRORISM: Seller hereby certifies that it has not provided and will not provide material support or resources to any individual or organization that it knows, or has reason to know, is an individual or organization that advocates, plans, sponsors, engages in, or has engaged in an act of terrorism.**

Misrepresentation above may result in cancellation and severing all ties with the agency/person and will be deleted from CARE's database of clients.

I have read the above statement and certify under oath that the information contained herein is true and accurate to the best of my knowledge and belief.

<b>Name of Person Completing Form (Please print clearly)</b>		
<b>Title:</b>	<b>Signature:</b>	<b>Date:</b>

FOR PROCUREMENT USE ONLY	
<input type="checkbox"/> Anti-Terrorism Check Completed	
<input type="checkbox"/> Customer References Verified	