# **Dossier for Preselection**

Malteser International is a non-governmental organization operating in South Sudan under the South Sudan Catholic Bishop’s Secretariat and is the worldwide humanitarian relief service of the Order of Malta and legally a division of Malteser Hilfsdienst e.V in Germany. It provides aid in all parts of the world without distinction of religion, race or political persuasion. Christian values and the humanitarian principles of impartiality and independence are the foundation of its work.

In South Sudan, Malteser International operates in Juba, Yei, Wau, Maridi and Rumbek. In these locations, it’s activities include Health and Nutrition, Food Security and Livelihood and Water Sanitation & Hygiene

Suppliers and service providers registered under the Laws of South Sudan in respective goods and services that are based in Wau are invited to submit their preselection dossier to MI so that they may be preselected for submission of quotations.

Interested suppliers and service providers should submit their application in a sealed envelope addressed to: Malteser International Evaluation Committee, MI’s Wau Office, Hai Daraja West Residential Area, Next to CARE International Office, Northeast of WFP Office, North of St. Joseph Church, Wau North, Wau, South Sudan or via E-mail to**:** **mb.procurement-juba@malteser-international.org** **by 4:00pm on 12 July 2021**.

If you are applying for more categories, put applications in separate sealed envelopes and indicate the category(s) applied for on them.

Applications must contain the following documents that are mandatory:

**Legal documents**

* Copy of the company’s certificate of incorporation,
* Copy of Chamber of Commerce registration,
* Copy Tax Identification Certificate,
* Copy of Certificate of Operation,
* Company’s official address in Wau, phone number and email address,

**Other required documents:**

* Duly signed preselection questionnaire,
* Certificate of quality,
* Product catalogue is available,

**Applications will be evaluated according to the following evaluation criteria:**

* Completeness of documents submitted,
* Previous experience with INGOs/UN agencies,
* Availability of products /terms of delivery,
* Adequate storage facilities,
* Product quality certified by independent and recognised agency
* Bank Statement of last three months,
* Standard terms of payment,
* Relevant staff qualifications,
* Standard Price List including validity period,

Suppliers or service providers who do not fulfil the minimum requirements, completeness of required documents will be excluded from the preselection of suppliers or service providers.

**Preselection Questionnaire**

**All requested information will be treated confidentially**.

|  |  |
| --- | --- |
| **Company name** |  |
| **Address** | Street + house number | City / District  | Zip code |
| **Owner(s)** | Name | First Name |
| **Tax and registration no.** | Tax number | registration number |
| **Legal form of Company** | Ltd., Inc.,.. |  |
| **Contact person** | Name | First Name | Contact informationPhone:E-Mail: |
| **Which goods or services does the company offer?** |  |
| **Have you already worked with NGOs?** | Yes [ ]   | No [ ]  | If yes: Name(s)  |
| **Annual Turnover for the last 12 months** |  |
| **Number of employees** |  |
| **Average delivery time of goods offered** |  |
| **Standard terms of payment** |  |
| **Do you offer support services for the goods provided** | Yes [ ]  | No [ ]  | If yes, please specify: |
| **Do you give a guarantee for your goods /services?**  | Yes [ ]  | No [ ]  | If yes, how long and in which scale: |
| **How do you ensure the quality of the products/services offered?**  | [ ]  Sample inspection [ ]  Quality agreements [ ]  Product know-how [ ]  Supplier visits [ ]  Reference check [ ]  Work trials [ ]  Others: |
| **Do you offer a standard price list for your goods/services?** | Yes [ ]  | No [ ]   | Attached to file [ ]  |
| **Are there ties between you and any employee of MI?**  | Yes [ ]  | No [ ]  | If yes, whom and in which relationship: |

If applicable (otherwise, please leave blank):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you have a license to sell pharmaceuticals?** | Yes [ ]  | No [ ]  | Not required [ ]  | License issued by |
| **How do you ensure the quality of pharmaceutical products?**  | Comments: |
| **Status of the medical supplier** | Certificate for Good Distribution Practices (GDP): [Certificate database](http://eudragmdp.ema.europa.eu/inspections/view/gdp/searchGDPCertificates.xhtml) Yes [ ]  No [ ]  |
| Humanitarian Procurement Center (HPC) Yes [ ]  No [ ]  |
| Listed in the database of “Quality Medicines for all” (QUAMED): [QUAMED database](https://quamed.org/) Yes [ ]  No [ ]  |
| **How are medical products stored? How is a cold chain ensured?** |  |  |  | Comments: |

WE DECLARE, that

* the information given above is correct
* our products and/or services are produced without the labour of children below age 15.
* we fulfil, have fulfilled, and will fulfil our obligations regarding the payment of any applicable taxes, duties, charges, and social contributions etc. related to the products or services provided.
* we have received the document “Humanitarian Procurement Principles”, and we - and any
applicable subcontracted parties - will respect the principles of humanitarian aid procurement.
* there are no international sanctions against the owner/s and or company in place.
* we have received a copy of MI Whistle Blowing Guidelines.

WE FURTHER DECLARE
our interest to be included into MI database for supplies and services.

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Date Signature