

**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 items numbers on the registration form.

1. Full name of company.
2. Profile of your company and the specialization (major trade for which company was formed).
3. Full legal address
4. Telephone number, including correct country and area code.
5. Fax number, including country and area codes, if any.
6. E-mail address
7. Websites, if any.
8. Provide name of person (including title) or department to whom correspondence should be addressed.
9. Full legal name of the parent company, if any
10. Provide names and addresses of all subsidiaries, associates and over sea 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 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 three 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.
24. Tick the supplier category applicable to your company attached in the annex
25. Deadline for submission of the pre-qualification is 25th June 2020.Submit your duly completed forms by email to **tenders@cidosouthsudan.org.**

**Vendor Pre-Qualification form**

**SECTION1: COMPANY’S DETAILS AND GENERAL INFORMATION**

1. FULL LEGAL NAME OF THE COMPANY:

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1. PROFILE/SPECIALISATION/CATEGORY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. STREET ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

4. TEL NO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. E-MAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. FAX NO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 7. WEBSITE ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. CONTACT NAME AND TITLE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

9. PARENT COMPANY (full name); \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

10. SUBSIDIARIES, ASSOCIATES AND /OR OVERSEAS REPRESENTATIVE(S)

(Attach list, if necessary)

11a. NATURE OF THE BUSINESS (tick one box only)

Trade Authorized Agents Company:

11b. Type of the business:

Corporate/Limited Partnership NGO Sole Partnership

Other specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. YEAR ESTABLISHED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. NUMBER OF FULL TIME EMLOYEES:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

14. TRADING/OPERATION LICENSE 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 THREE (3) YEARS

(1)2017;USD\_\_\_\_\_\_\_\_\_\_\_\_\_\_(2) 2018;USD\_\_\_\_\_\_\_\_\_\_\_\_(3)2019;USD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 COMPANYS LAST THREE (3) YEARS FINANCIAL OR AUDITED FINANCIAL REPORT, WHICHEVER IS AVAILABLE.

**SECTION 3: TECHNICAL CAPABILITY AND INFORMATION ON SERVICES OFFERED**

**22.** INTERNATIONAL OFFICES/ REPRESENTATION:

(Countries /counties where the company has local offices/representation-if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **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 Tittle\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**